THE PULSE TEST
FOR ALLERGY

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Foreword

Arthur Fernandez Coca, descended from the Cocas of Coca Castle in Segovia, Spain, was born in Philadelphia in 1875 His immediate ancestors were all interested in education and, on leaving Spain, went to Cuba where they founded the first College in Havana His father, a musician of renown, spent some years at the Court of Maximilian in Mexico This exotic background contrasted sternly with Arthur's adolescent education at Haverford College in Pennsylvania and his post-graduate studies in physiological chemistry at Heidelberg (1905-07), and may have helped to develop his broad outlook on medicine and on life.

As early as 1896 he had his first introduction to England and the English when he was a member of the Haverford College Cricket Team which crossed the Atlantic to play against the English Public Schools

Before leaving Heidelberg, Coca spent two years as a chemical assistant to Emil von Dungera at the Cancer Institute, gaining valuable information of the techniques needed for the study of immunology Then followed two years as Bacteriologist at the Bureau of Science in Manila, P I, before proceeding to Cornell University where he held various posts, ending with [illegible]

[illegible] Laboratories from 1931 until he retired in 1949

During these years he published more than 180 papers in medical and scientific journals and was the author of several books, including *Essentials of Immunology* (1925), *Asthma and Hay Fever* (with Walzer and Thommen, 1931), *Familial Nonreaginic Food Allergy* (1943), and now *The Pulse Test for Allergy* (1958) To those of us who have come into the field of medical research a generation later, perhaps the real milestones of Dr Coca's long life are the development of the slide method of specific agglutination in the cholera epidemic in Manila (1909), the founding of the *Journal of Immunology* (1916) the founding of the first government controlled blood donor agency (1928) the demonstration of type specific pneumococcal toxins, the invention of the 'Cornell style' metal centrifuge tube carrier and, most important of all to allergists of this generation, the formulation of the 'Coca solution' for extraction of allergens The very simplicity of this extracting fluid helps us to realise that the really great discoveries are usually the simplest, and perhaps time will show that Dr Coca's latest thesis that 'your pulse rate is accelerated by the foods and substances to which you are allergic' may prove to be his greatest contribution to medical science

Those privileged to visit Dr Coca's home realise the importance to him of his lifelong hobby of music, and of the collaboration in all his thoughts and actions for the last thirty years of that dynamic personality, his wife, Ella Coca

VERA B WALKER

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Preface

What Allergy Really Is

A recent editorial in a medical journal says that he who would define allergy must write a book You have a book in your hands, but we will not devote it to definitions Rather let's concentrate on your health

You will find in these pages that allergy means something far more important to your health and to the length of your life than you ever possibly imagined

Before you are done with this book, you will know that allergy no longer means merely hay fever or asthma or an outbreak of hives It can also mean high blood pressure, diabetes epileptic seizures and stammering It means 'that tired feeling,' constipation, gastric ulcer, spells of dizziness, headaches and mental depression In truth, it may mean much of what ails the health and happiness of human beings

However, the book would fail of its chief purpose if it merely explained allergy. Much more important, it tells you what to do about it.

The visiting doctor can hardly leave his patient without having used his thermometer, his stethoscope and his watch.

With his watch he times the pulse. But often as he does this in his busy career it is exceptional for him to use the pulse count primarily to diagnose the illness or to plan its relief.

The full significance of the pulse has in fact rarely been appreciated as an indicator of ill health. Yet this *simplest of all the methods of examination is the key* to some of the deepest mysteries of man's existence – the key with which he may emancipate himself from *ill health.*

If you can count to 100 and are determined to be well, you can go a long way toward eliminating your allergic troubles if you are one of the so-called *neurotic* people who suffer constantly recurring or persistent headache, 'indigestion,' constipation, tiredness, occasional dizziness, stuffy nose, who have consulted one or more physicians, among them perhaps a 'specialist', and have been told that their health is excellent, but that they are 'nervous', and since they are incurable they should help themselves by keeping their minds off their symptoms – 'forget them'. Such persons can almost always be permanently relieved of their miseries through the pulse-dietary tests described in this book.

The first step to be learned is counting the pulse; and this is almost always very easy to do Many young children learn in one minute demonstrations at school or in first aid courses how to find the pulse. It is the rare adult who has not found his pulse merely by copying the doctor. The following detailed instructions for finding the pulse will therefore be unnecessary for most readers

The pulse can be felt at many spots on the body, and the rate, at any given moment, is the same in all of them

The most convenient spot is at the wrist an inch and a half above the base of the thumb Place the left hand (if you are right handed) in the lap with the palm facing up Then place the first two fingers of the right hand on the wrist so that their average distance is about an inch and a half from the base of the thumb, and threequarters of an inch from the end of the wrist.

Some veins may be seen under the surface of the skin, but these are not what you want to feel as there is just a steady flow of blood in them and no pulse beat The pulse beat is felt in the arteries, and there is an artery in the wrist at a lower depth than that of the visible veins It carries the blood coming directly from the heart, and as the heart forces the blood through the body with strokes like a pump, you can feel the pump-pulses of the heart in the arteries

The artery in the wrist lies between the sinews in the middle of the upper surface of the wrist and the bone

at the outer side of the wrist Only a slight pressure on the finger tips is usually required in order to feel the pulse Move the fingers around slightly and vary the pressure a little until the pulse is detected

Once the pulse is found there will be no further difficulty in locating the right spot

When counting your pulse have a watch or clock with a second hand close in view Pick up the pulse with the finger tips and wait until the second hand reaches 60 Then count 1 on the next pulse beat and continue counting the beats until the second hand has made a complete circuit and returned to 60, which will mark the completion of the minute The number of the pulse beats counted in one minute is the pulse rate

It will be necessary to count your pulse many times in the course of the test, but this task is not at all difficult, and the beneficial results which will follow the close adherence to the test-diet and pulse schedule will be more than an adequate return for your effort

What you are buying is not merely relief from present ailment, but, if you are successful, also health insurance and longer life

The diagnostic method outlined in this volume is fundamentally simple It is based on the fact that allergens speed up the pulse It consists essentially of testing isolated foods in order to tell *which* ones accelerate the pulse

On the day the test is started each 'meal' may be limited to a single, simple food The pulse is counted in

the morning before rising and again just before the first meal. Thirty minutes after the meal the pulse is counted, and again at sixty minutes after the meal.

Immediately after the 60-minute count another single food is eaten, and again the pulse-count is taken after the two half-hour intervals; and so on through the day.

A record is kept of the foods eaten and of the pulse-counts. The injurious foods are recognized by the abnormal speed-up of the pulse. When these foods are dropped from the diet the allergic symptoms often disappear as if by magic.

That in essence is the procedure.

Later on in this book, the 'normal' pulse will be described. The following preliminary facts are helpful to one who is making a first attempt to interpret a pulse-dietary record:

A number of competent medical scientists, after applying this method of examination in hundreds of cases of many common ailments, are agreed concerning the following features of the *normal* pulse-rate:

1. The pulse-rate in the normal person is not affected at all by digestion, nor by *ordinary* physical *activity*, nor by normal emotional influences. It is remarkably stable.

2. If a person is not suffering sunburn or an infection such as common cold, any variation from his normal pulse-rate in usual activity is probably due to an allergic reaction.

The pulse, then, may be considered a dependable first watchdog of our health-citadel, telling us promptly whenever we are in possibly injurious contact with our allergic enemies. The later chapters contain many examples of this fact.

I

First Steps

It is my main purpose to describe to you a novel concept of one cause of a number of the most important diseases of mankind including migraine high blood pressure diabetes and heart ailments such as angina pectoris

This new concept is nothing less than a reasonable and easily understood explanation of a single common *cause* of all of these complaints

This same single cause is responsible for a number of other relatively minor complaints – indigestion heartburn urticaria (nettlerash or hives) neuralgia abnormal tiredness spells of dizziness constipation nasal stuffiness and probably many others – which constitute so large a part of the human physical afflictions

Having learned what provokes these illnesses, we can completely overcome them in most cases by mere avoidance of their causes

I shall attempt with a minimum of technical language to show that it is not at all difficult for lay people of average intelligence, to understand the new procedure, and to take decisive responsibility for its technical application in their own persons under the direction of a skilled diagnostician *Indeed, the new technique usually cannot be successful without the patient's faithful co-operation, and his understanding of every step of the investigation*

I want to present now a bare outline of the history and the fundamentals of this new method of medical diagnosis

In 1935 my wife, who was actively engaged in medical research, and directing an important medical service (blood transfusion) was suddenly stricken with an attack of nausea and double vision She was taken to the New York Hospital where twenty four hours later the electrocardiogram revealed the characteristic findings of a coronary closure ('heart attack') Two heart specialists at Cornell University predicted the end of her life within five years She remained at the hospital for six weeks with a constantly rapid pulse

One morning after breakfast the pulse rose to 92 and she was given a dose of a morphine substitute, dilaudid 'to quiet the pulse' But the drug produced an opposite effect and twenty minutes later the count was 'over 200'

— uncountable *The Pulse Test is based on this observation*

My wife was physically incapacitated at home for about three years During this time there were recurrent attacks of rapid pulse associated with chest pain extending into the left arm We began to recognize the particular influence of certain foods in these episodes and finally identified *all* such foods red meats potato (pulse 180) cabbage family beet spinach carrot celery shell fish citrus fruits tea

She is now free from heart pain so long as she observes the dietary restrictions and she performs ordinary housework and gardening without becoming over tired More important she could resume her indispensable collaboration in medical research

We could have been satisfied with this happy outcome of the experiment but fortunately as it certainly was for the development of the new idea my wife had suffered many years from a number of other afflictions which she had accepted as part of her maternal inheritance These were migraine colitis attacks of dizziness and fainting abnormal tiredness and indigestion

As time passed after her many food allergens were recognized and eliminated from her diet she began to realize that all of those miseries also were gone She did not tell me this till she was sure and when she did I realized at once the possible scope of application of the new method of investigation

Van Leewenhoek centuries ago could not have been

more deeply thrilled – and awed – at his first view of the strange new world of the micro-organisms through his famous microscope than I was at this vision of the new medicine, which leaped to my mind with my wife's assured statement.

Recognizing then the allergic nature of all her symptoms, I quickly began to apply the accidentally acquired knowledge to the relief of migraine and indigestion in other persons

Soon I was obliged to include many other complaints in the category of allergy, since, after the 'treatment', these disappeared with those already identified as allergic. Here is the list of the complaints which I have successfully treated as allergic:

recurrent headache
nervousness
migraine
dizziness
constipation
mouth ulceration
heartburn
epilepsy
overweight
underweight
irritability
gastric ulcer
abdominal pain
abnormal tiredness
indigestion
(vomiting, wind, nausea)
neuralgia
sinusitis
hypertension
urticaria
heart attacks (angina)
asthma
haemorrhoids
mental depression
diabetes
chest pain

gall bladder pain
gastric pain
nervous and emotional instability (neurasthenia)
gastro-intestinal bleeding
conjunctivitis
nose bleeds
colitis

Bear in mind that the allergic nature of these manifestations was not proved by the mere fact that they all disappeared after certain foods were kept from the diet, although this happy result undoubtedly stands as strongly supporting evidence In most instances there were also three other kinds of corroborative evidence

First many of the sufferers exhibited more than one of the above mentioned conditions, and in every case all of the existing symptoms departed together

Secondly, in most instances the symptoms could be brought on at will by merely restoring the offending foods to the diet.

Thirdly, without exception, the symptoms were accompanied by a speeding up of the heart beat

Representative Cases

Let us review some of these remarkable recoveries which will illustrate what I have been saying

Mr G is the proprietor of a garage, who was suffering from severe three-day attacks of migraine at about two-week intervals During the attacks he was confined to bed wholly incapacitated There was also indigestion, heartburn swelling of the face, and a physical tiredness that was almost constantly present

It was soon found that his chief food allergens were wheat flour, cane sugar and coffee Strangely, wheat flour and cane sugar caused headache without swelling of the face, whereas coffee did not cause headache but did cause swelling of the face and lips All of these three foods caused an accelerated heart beat This man's attacks of migraine and the other symptoms stopped as soon as the three foods were dropped from his diet, and in the many years succeeding he has experienced mild symptoms only when he deliberately ate one of those foods

Mrs B is a wealthy widow of 70 odd years, who was almost bedridden by marked physical tiredness and migratory neuralgia She had been troubled for 'over 30 years' with overweight and constipation, and each winter suffered protracted colds

She had withdrawn from social activity, and was in a state of mental depression In the pulse-dietary exam ination, which lasted three weeks, the following food allergens were identified milk, orange, melon, peanut, lemon, carrot, beet, asparagus and onion These foods were eliminated from the diet, and immediately all the symptoms disappeared She has not suffered an attack of cold, and has lost 35 lb of her overweight since that time She has resumed her social life and become the actively functioning chairman of her local Red Cross unit

B B is a young man who had withdrawn from college on account of frequently recurring epileptic seizures A

well known drug even in doses of five capsules daily, did not prevent daily minor seizures and frequent major ones His mind had become foggy' The following foods were found to cause an increased heart beat cereals (especially wheat) orange pineapple and asparagus Seizures ceased completely as soon as these foods were avoided and he was able to obtain employment The drug was discontinued

One evening three months after he had begun to practice that avoidance he deliberately ate a quantity of bread On arising the next morning he suffered a major seizure In the next six months there was no attack until he again ate wheat flour (spaghetti) one evening On arising the next morning he experienced a major seizure breaking a tooth

Only then was he convinced of the direct relationship of his food allergy to the epileptic seizures and of his ability to prevent them With this knowledge he decided to return to college and he has since graduated Other allergic symptoms in this patient were headache, abnormal tiredness neuralgia and nervousness All of these ceased after elimination of his food allergens

The technique of the new method of diagnosis is fairly simple and it can usually be applied without interruption of your daily occupation

The interpretation of the pulse record in the first few days of serial tests consists in a succession of tentative guesses confirmed or changed as the tests continue

The first guess concerns the normal low count and

in this you may be very far from the truth Rarely the lowest observed count in the allergic period is below the actual normal, as determined after all of the allergens have been eliminated More often the normal low is never reached in the early days of the tests

Nevertheless this guess, even if wrong at first, must be made because the decisions concerning the test must be made with reference to that basic figure

Usually the major food allergens reveal themselves in the unmistakable speeding up of the pulse shortly after they are eaten, and as these are eliminated from the diet the general level of the pulse tends to drop, and with it the lowest count

The drastic changes in one s estimate of the normal pulse range that must sometimes be made can be discomforting to the diagnostician, and startling to the allergic patient Initial ranges of 66 to 102, 74 to 116 and 76 to 106 have been seen to drop to normal ranges of 54 to 66, 60 to 72 and 58 to 76 respectively

The outcome of the tests has been occasionally disconcerting I could hardly credit my ears when one of the early migraine-sufferers reported a pulse rate of only 45 Since then I have seen three other instances of rates below 50 On the other hand there have been a number of records showing normal rates up to 80 or more, *but not higher than* 84 which is the allergy dead line Any count above 84 in children or adults if taken when the patient is quiet and has no infection such as a cold, has usually been a sign of allergy

In two instances of strongly suspected allergy the test showed a normal range of the pulse rate for several days In both cases my confidence in the test wavered temporarily However, I learned that in both individuals there were no symptoms during that period for the simple reason that by chance they had missed eating any of their few food allergens

The younger one had suffered from distressing attacks of urticaria These had ceased after the test was started and after the first day he had chosen his own diet. For five days his pulse remained level At last he suffered an outbreak of urticaria, which he mistakenly ascribed to orange Thinking that he had identified the cause of his trouble he discontinued the tests He completely ignored his occasional abdominal discomforts which he had not mentioned, and which then recurred, and a few weeks later became acute, resembling appendicitis

Surgery revealed that the trouble was not an infected appendix but an inflamed large bowel, a condition which was recognized by the surgeon and the attending physician as being allergic in nature The tests were resumed and his single food allergen ginger, was finally detected He was fond of ginger ale, also in the two days just previous to the attack he had indulged in pumpkin pie richly spiced with ginger The young man now understands the importance of completing the food tests He also appreciates the hereditary significance of his allergy, since his father suffered from

gastric ulcer, gastritis and haemorrhoids, all of which were proved to be allergic in origin, and were cured with the same tests

Most disturbing is the patient whose pulse remains in the high allergic range, no matter what he eats Unfortunately this result may have divergent causes either the individual is allergic to all or nearly all foods that he has tested, or he is not affected by any food but by one or more air-carried dusts or vapours to which he is continually exposed In the former case the difficulty can usually be resolved with the aid of a nerve cutting operation (sympathectomy) * which simply abolishes many of the food sensitivities In the latter, the prob lem of locating the elusive offender is sometimes heart breaking and may be practically insoluble

There is one still mysterious phenomenon of food allergy that confuses the allergic sufferer until he gets acquainted with it and learns how to use it For example, Mrs A S experienced symptoms and a fast pulse from her test with peas and beans which she was in the habit of eating frequently After two weeks she tested peas again and on the next day she reported a completely negative reaction no pains pulse quiet

Since the results of the first test had been unequivocal she was told that the sensitivity to pea had probably disappeared in the intervening two weeks and that the present test would probably revive it this could be proved by a pea test on the following day

* See footnote page 159

Intrigued by the experimental problem Mrs A. S carried out the test and was actually pleased over the rather painful confirmation of the prediction. She is allergic to fif sugar, she is beet sugar.) she has found that the other ten can be eaten at about one-week intervals with impunity. In the five years since the survey, her health has been perfect.

The stories that I have just told you are not 'fairy-tales'. They illustrate the sober truth that, by scientific approach, there has been discovered an almost mathematically accurate means of determining the cause of a long list of the most dreadful afflictions of the human flesh, and, of course, the means of ending these miseries by meticulous avoidance of their identified causes.

Two objections have been raised against the practice of the patient counting his own pulse. One of these is that the layman is not capable of taking an accurate pulse-count, but this is completely refuted by the practical results of the procedure in hundreds of cases. It is easier to teach an intelligent child twelve years old or even younger to count the pulse satisfactorily than it is to teach a diabetic person to administer insulin to himself, as many are obliged to do.

The second criticism warns that counting one's pulse tends to aggravate a neurotic state, or even bring it on. It is thought unwise to encourage the sick to think about their health This is true when the cause of their ail-

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* See footnote, page 159

test that would extend the diagnostic function to cover symptoms which they suspect to be allergic in certain instances However, the results of the pulse-test that I have just described have necessitated so great an extension of the concept of allergic disease that only a few specialists have ventured to accept the test as the answer to their hope.

ment is unknown. However, when the victim of hypertension or migraine-headache or dizziness learns that these conditions are curable, and that the cure lies at his fingertips, his fears vanish, and he finds himself confronted by a fascinating problem, the solution of which will almost certainly turn out to be unique – his personal answer. He learns that the procedure is a game with high stakes, present and future, in which the player has a long chance of winning. It is nearly always the faint-hearted who loses.

Many of you know that in some allergic conditions, especially hay-fever, the particular excitant cause or causes – that is the pollens – can be identified through tests in the skin with properly prepared pollen-extracts. You may be wondering why I have not availed myself of this mode of examination. The answer to this query is that the skin-test has often been tried in many of the conditions that we are considering, but with regularly unsatisfactory results.

Curiously this failure of the skin to react in conditions that are under the strongest suspicion of being allergic in nature has had an opposite influence upon two groups of physicians. To the allergists the negative skin-test means that the condition is not allergic; to many hospital authorities, other medical specialists and general practitioners such a negative reaction in obviously allergic ati its pt, or at least the pract

Some all

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2

The Allergy Mystery Solved

Allergies have their mysteries but medical science has solved many of them, saving countless patients from lives of misery, and restoring many of them to a comfortable existence, if not always to full robust health

Four armies of allergies are known to have been waging war on human beings We now discover that there is a fifth column of allergies more numerous and more dangerous than the others whose very existence was unknown to us These underground makers of ills and ailments have now been exposed not as part and parcel of our normal individual make-up citizens so to speak of our physical economy but as unnecessary aliens to whom we have given passports that we can revoke

Now that we know them we can deal with them

The method is simple If you are lucky you may learn the principal cause or causes of your ailments in

a week or two Sometimes longer time is required, and about one in 10 to 20 persons needs a relatively simple nerve-operation, which abolishes most of the food sensitivities entirely

Let us now examine the four kinds of allergic diseases that have been mentioned

1 The first of these is commonly known as the hay-fever group Also in this group are asthma and eczema The disease is hereditary, and only descendants of the 'hay fever family' are affected by any of these three conditions

The familiar skin tests used by allergists to detect the presence of allergic antibodies apply only to this group.

The hereditary factor which controls and unites this group affects about one tenth of the people

2 The second kind of allergic disease is known as contact-dermatitis, and it is most commonly caused by poison ivy and related plants It can be caused also by primrose, some pollens, various vegetable oils such as the oil of orange and turpentine, and by some chemicals

Allergic antibodies are not present in the blood

The skin is the only body tissue that is affected by this form of allergy, thus poison ivy leaf can be swallowed (in small quantity) with impunity by the allergic person provided the leaf does not touch the lips or skin

About 70 per cent of the people are susceptible to poison ivy

3 The third kind is the allergy-of infection, which

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seems to be distinct from that of the hay-fever group.

c. Its symptoms are characteristic.

d. Contact with the causes is regularly followed by the quickening of the pulse-rate.

This fifth group was originally called 'food-allergy', which emphasizes the food-allergens as its most common and important excitants or causes. However, I had better mention some of the non-dietary allergens of this group which may be important, and sometimes even the sole excitants of severe allergic symptoms in some individuals.

Among those most commonly found guilty is tobacco. In some people tobacco causes indigestion and diarrhoea, abnormal tiredness and painful menstruation, and many other symptoms. A large part of the population are allergic to the fabric-dust ('house-dust') in rugs, mattresses, upholstery etc. Some persons have been found allergic to lipstick, perfumes, mentholated nose-drops, headache medicines, laxatives, soap-powder, coal-gas, fumes of paint and cement, and wood-smoke. In one case (a physician's mother) the cause of her constipation that was finally detected was her laxative containing cascara. As soon as she stopped taking the laxative she became and remained regular.

The harassed victims of food-allergy are painfully, or at least disagreeably, aware of the fact that practically every part of the body is vulnerable to 'food-allergy', and they never cease to marvel, however disgustedly, at the variety of the avenues through which their aller-

is typified by tuberculin-sensitivity. Since everyone who has been visited by the tubercle bacillus sustains some degree of infection (though most of us recover), the vast majority of us become tuberculin-sensitive, and so we exhibit a 'positive' reaction to the tuberculin test.

This sensitivity does no harm. However, the infectious allergy which many of us acquire toward those fungi that cause 'athlete's foot' is directly injurious because it is only through the allergy that the fungi, growing in the outer layer of the skin, are able to harm us.

4. Serum sickness (skin-eruption, fever, joint-pains etc.) sometimes follows injection of antitoxin. Ninety per cent of all people are susceptible.

The greater part of this book concerns itself not with any *of these four recognized kinds of allergic disease*, but with the fifth group which has recently been identified, and was given the specific designation 'idioblapsis', *a word derived from the two Greek roots; idio*, meaning an individual quality, and *blapsis*, meaning spoiler. Thus, 'a spoiler peculiar to the individual'.

This group is by far the most important to man. It is the one that you and I are now interested in because it affects the majority of the population. It is distinguished from the other four by the following features:

a. Allergic antibodies cannot be detected. Thus skin-tests are negative, and are not useful in discovering the harmful foods.

b. It is controlled by an hereditary character that

seems to be distinct from that of the hay fever group

c Its symptoms are characteristic

d Contact with the causes is regularly followed by the quickening of the pulse rate

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gens may gain access to distant susceptible parts of the body

Consider, for example, the case of the woman who could not be exposed to the exhaust fumes of a bus without suffering urgent colicky diarrhoea, the young woman who suffered abnormal tiredness and sinusitis from the use of a *certain* lipstick, the two epileptic girls who suffered mild seizures after inhaling tobacco smoke (not of their own making) the woman who suffered an asthmatic attack within a matter of minutes after the application to her forehead of a solution of a drug to which she was allergic and the physician who suffered migraine and an accelerated pulse soon after the injection into his skin of extremely minute amounts of milk, egg, and orange, to all of which he is very allergic, although the skin itself showed no reaction There is also the young woman incapacitated on account of painful swelling of feet and legs due only to chewing a gum containing aspirin

All of these five groups of allergic disease as well as a similar experimental condition known as anaphylaxis are found in lower animals

Dr Fred W Wittich in Minneapolis has beautifully documented the occurrence of hay fever (ragweed) in the dog My former colleague, Dr Charles R Schroeder, described allergic eczema rhinitis etc due to cow's milk, in a young walrus The British allergist Dr Bray, reported hay fever in cattle Allergy of infection (ring worm) is common in lower animals and Landsteiner,

with Merrill Chase described experimental ivy dermatitis in guinea pigs the late Henry W Straus making a similar report of experiments in monkeys Serum sickness was long ago observed in cattle and in horses and more recently by Moyer Fleischer of St Louis in rabbits

We see then that our allergic disease is not a special punishment visited by the Creator upon erring mankind it is merely another mark of our humble origin

And only now are we beginning to understand it

3

The Pulse Test

The pulse dietary system has become a special medical diagnostic art It is based on a simple, easily proven premise that your pulse rate is often accelerated by foods and other substances, that the reason the pulse is accelerated is because your system is allergic to that which *is making your pulse race* and that *life spoiling* and life shortening conditions such as migraine, eczema epilepsy, diabetes and hypertension may be much aggravated by your continuing to expose yourself to those foods or substances to which you are allergic

A very small number of doctors have investigated this premise Many of these have adopted its methods of preventive treatment, mostly in the United States

If you were a patient making your own first appointment with a doctor who practises this technique you should be given the following instructions

1 You *must* stop smoking entirely until the cigarette test which will be made later

2 You count your pulse (one minute) (a) just before each meal (b) three times after each meal at half hour intervals ( ) ... ...

... sitting except the important one on waking This is made before you sit up

3 You record all the items you eat at each meal

4 You continue the pulse-dietary records for two or three days with the usual three meals

5 You then make *single food* tests for two or more whole days in this way beginning early in the morning after the 'before rising count, and continuing for 12 to 14 hours you *eat a small* portion of a different single food *every hour* For example slice of bread glass of milk orange 2 tablespoonfuls of sugar in water a few dried prunes (or a peach) egg potato coffee meat, apple banana carrot (raw) celery, cabbage (raw) onion coffee (black) date cucumber nuts other meats (plain) chocolate (sweet) grape (or raisin) etc You count the pulse just before each eating and again half an hour later Do not test any food that is known to disagree with you

6 You bring the whole record with you for your first appointment which may last two or three hours and which is not spent in exam...
...

... dietary method.

A doctor who is experienced in the interpretation *of the pulse dietary record can usually determine from* the examination of your records, at the time of the appointment, whether the solution of your case will be relatively easy or difficult A few easy cases have been entirely solved at this single appointment; the resulting instructions brought complete and lasting freedom from all the allergic symptoms

Technique of the Pulse-Test

Each human individual differs from all others in his entirety and in at least most of his component characters, such as the 'fingerprints' It should not be surprising then to learn that the 'pulse character' is also individually different – often widely so

The individual *normal* pulse character can be practically defined by the pulse rate (beats per minute) in two or perhaps three respects (1) the average level, (2) the range (or 'pulse differential', Sanchez Cuenca), that is the difference between the daily low rate and high rate, and (3) the slight variations in the daily maximal rate (not greater than two beats per minute)

Examples

	Individual A	Individual B	Individual C
Low rate	40	60	68
Maximum	52	62	82–84
Pulse differential	12	2	14–16

No normal maximum above 84 has been observed

The pulse may be counted wherever it can be felt – usually at the wrist but also in the neck, at the temple etc. In some hospitals it is customary to count the beat through 15 seconds and multiply that number by four. For the 'pulse test' that estimate is *not* sufficiently accurate, since a difference of only one or two beats in the whole minute count is frequently significant for the diagnosis. Hence, the allergic person has been advised to count the pulse for a whole minute and a glance at the record tells the examiner whether that instruction has been followed. For whole minute counts frequently show odd numbers, half minute counts multiplied by 2, of course, never.

The first object of the tests is to determine the individual's normal low pulse-rate, and one would think that that rate should be observed on waking after a night's rest as is often the case. However, that would not be the case if the individual happens to be allergic to the 'dust' in his bedding, especially mattress or pillow or if a [illegible]

or at di[illegible]

night – a [illegible] occurrence

From the beginning of the testing then the individual notes the lowest counts as they occur, and changes his estimate of the normal low as the count descends.

A second object of the test is to determine the individual's normal maximum pulse rate, at least approximately. This can be done only on the basis of the

record of counts made at least 14 times through 12 hours (at least) each day.

Examples

A M DAY	allergic to tobacco only 0	1	2	3	4	5	6
BR		68	60	60	60	60	60
BKFST		✓84	72	68	68	68	64
30 min		88	72	76	72	68	68
60 min		*84*	*72*	*68*	*68*	*68*	*68*
90 min		84	72	68	68	68	68
LUNCH		84	68	68	68	68	68
30 min		84	*76*	*72*	72	*68*	*68*
60 min		84	68	68	68	68	68
90 min		84	72	68	68	68	68
DINNER		72	68	68	68	68	68
30 min		76	76	72	72	68	68
60 min		72	68	72	68	68	68
90 min		72	68	68	68	68	68
RET		*72*	*68*	*68*	*68*	*68*	*68*

Mrs K DAY	Menstrual period 0	1	2	4	6	8	10
BR		64	60	64	60	60	60
BKFST		62	58	60	64	62	64
30 min		60	80	64	64	64	64
LUNCH		60	76	70	70	66	66
30 min		*66*	*78*	*74*	*68*	*70*	*68*
DINNER		*68*	76	*84*	68	70	*68*
30 min		70	80	80	70	66	*66*
RET		*74*	*64*	*78*	*66*	*64*	*64*
		N	H				

BR—before rising   day 3, period begins   day 7, period ends
N—nausea   H—severe headache

Such cases as these are exceptionally easy of interpretation, each being allergic to only one excitant, tobacco and ovarian hormones respectively

A. M. (victim of disseminated sclerosis) smoked a cigarette and his pulse rose from 84 to 95 in five minutes. He stopped his smoking on the zero day and the lowest daily maximum of his pulse (68) was reached on the fifth day; on which day he was able to enjoy normal exercise for the first time in months 68 remained his *normal* maximum.

Mrs K, age 34, suffered frequent attacks of migraine After she began to avoid citrus fruit, her only pulse-accelerating food, her migraine occurred only at the menstrual periods In the present instance the maximal pulse rate returned to its normal (68) on the 9th day. The pulse record on her zero day was the same as that on the 10th day

Interpretation of the Pulse-Record

Through the twenty-odd years since the pulse began to be used as a specific indicator of the allergic causes of ill health, the 'pulse record' has come to mean the record of pulse counts made either 14 times daily on the regular three-meal schedule or at about half-hour intervals throughout the day on hourly small feedings of single foods

The interpretation of the record of this simple procedure is often complicated by non-dietary factors, some of which have been first suspected through the experience of observant patients One young married couple recently reported marked pulse reactions following 'sniff tests' of wood stored in their cellar and of the unfinished under surface of tables

A marked pulse-rise occurring after rising in the morning but *before* breakfast usually points to a sensitivity to some ingredient (perfume?) of toilet articles (shaving cream or lotion) One man was found to be allergic *only* to the menthol in the 'nose drops' which he used in the morning

record of counts made at least 14 times through 12 hours (at least) each day.

Examples

A M	allergic to tobacco only							*Mrs K Menstrual period*						
DAY	0	1	2	3	4	5	6	0	1	2	4	6	8	10
BR		68	60	60	60	60	60		64	60	64	60	60	60
BKFST		✓84	72	68	68	68	64		62	58	60	64	62	64
30 min		88	72	76	72	68	68		60	80	64	64	64	64
60 min		84	72	68	68	68	68							
90 min		84	72	68	68	68	68							
LUNCH		84	68	68	68	68	68		60	76	70	70	66	66
30 min		84	76	72	72	68	68		66	78	74	68	70	68
60 min		84	68	68	68	68	68							
90 min		84	72	68	68	68	68							
DINNER		72	68	68	68	68	68		68	76	84	68	70	68
30 min		76	76	72	72	68	68		70	80	80	70	66	66
60 min		72	68	72	68	68	68							
90 min		72	68	68	68	68	68							
RET		72	68	68	68	68	68		74	64	78	66	64	64
									N	H				

BR—before rising *day 3 period begins* *day 7, period ends*
N—nausea H—severe headache

Such cases as these are exceptionally easy of interpretation, each being allergic to only one excitant, tobacco and ovarian hormones respectively

A. M. (victim of disseminated sclerosis) smoked a cigarette and his pulse rose from 84 to 95 in five minutes He stopped his smoking on the zero day and the lowest daily maximum of his pulse (68) was reached on the fifth day; on which day he was able to enjoy normal exercise for the first time in months 68 remained his *normal* maximum

which in this instance were 56 and 89 – a range of 33 beats ... se rate is ... di cates that E. E. is allergic

If we take 12 beats provisionally as her *normal* range, her normal maximum would be about 68 On this basis if the pulse did not rise above 68 after a large meal, it could be assumed that no allergenic foods were eaten at that meal It is seen that all the dinners of *May 11, 13 17* and 20 qualified in that respect. The patient therefore was instructed to limit her diet *through* five days to the combined list of *items* from the four dinners – which she did

Table 1B was made through *most* of five days on the restricted diet and under otherwise the same conditions of physical and psychological 'stress' that had prevailed throughout the ten days of the preliminary tests

The low and high counts of *table* 1b are 58 and 70 respectively a range of 12 which can be normal Also the high count is *exactly* reached on each of the three days on which the full 14 counts were made It should be noted by the *beginner* that a single count of 71 should have *aroused suspicion* of exposure to an inhaled allergic excitant to be watched for thereafter

The record teaches the highly important lesson that the *normal* pulse is not affected by *ordinary* physical activity nor by psychological influences, nor by digestion of non allergenic foods

E. E. continued the testing of other foods looking for

Women are not infrequently allergic to their own ovarian hormones which are most active at the men strual periods or half way between the periods marked symptoms and pulse acceleration occurring at those times suggest a hormone sensitivity

Rarely, an unlucky person is found allergic to an un identified something in the particular house in which he is living, and obtains complete relief by merely moving to another house in the same neighbourhood

Sensitivity to fresh newsprint (papers magazines carbon paper) can frustrate one's effort until it is dis covered

Evidently, every one affected by the newly discovered idioblaptic disease must become his own personal 'allergy detective'

It is intended here to present a few instructive pulse records of idioblaptic persons whose illnesses were 'cured by mere avoidance of their pulse accelerating allergens These cases were all relatively easily solved nearly always through interpretation of the first records

The patient Mrs E E age 32 was a fully occupied housewife with a six year-old daughter She had to care for a bed ridden aunt Her chief complaint was an annoying eruption about her mouth and chin

Table 1A was made following a ten minute verbal instruction There was no consultation between May 11 and May 20 1948 when the record was received

Interpretation of such an original record *regularly be gins with the noting of the lowest and highest counts,*

Table 1b

Pulse record of Mrs E E on selected diet

	May 29	May 30	May 31	June 1	June 2
	pulse	pulse	pulse	pulse	pulse
Before ris ng		60	58	58	60
BREAKFAST		66	68	67	68
30		67	60	69	68
60		70	62	70	—
90		66	61	68	—
DIET—		pep cereal coffee bread	pep cereal coffee sugar bread	pep-cereal coffee cake	wheat cereal coffee
LUNCH	62	64	66	64	—
30	65	66	66	66	—
60′	68	69	68	68	—
90′	66	68	70	64	—
DIET—	apple lettuce mayonna se	beef potato carrot onion corn coffee apple pie	lettuce bread sardines mayonna se rice apple ju ce	carrot beet lettuce mayonna se apple juice	
DINNER	66	64	66	64	66
30′	62	62	68	68	68
60′	64	64	68	66	68
90′	60	60	66	64	64
DIET—	beef potato corn coffee apple pie	lamb tomato potato coffee apple	tomato lamb potato beets coffee	ham potato carrot apple mayonnaise coffee	beef carrot pepper lettuce potato apple sauce coffee mayonnaise
RETIRING	60	58	60	60	62

Table Ia

Pulse record of Mrs E E on an unrestricted diet

	May 11	May 12	May 13	May 15	May 17	May 19	May 20
Before rising	pulse 61	pulse 57	pulse 64	pulse 56	pulse —	pulse 70	pulse 66
BREAKFAST	68	70	70	69	75	74	68
30′	75	74	73	78	71	74	76
60′	80	78	76	75	71	77	73
90′	76	71	81	73	62	72	68
DIET—	orange, coffee, wheat cereal	pineapple, bacon, egg, bread, coffee, crab apple jelly	apricot, bread, wheat cereal, crab apple jelly, coffee	apple sauce, cinnamon toast, coffee, sugar	wheat cereal, coffee, (fudge)	egg, grape-fruit, wheat-cereal, apple butter, coffee	egg, coffee, coffee-cake
LUNCH	—	75	69	68	80	68	74
30′	—	89	65	—	—	76	—
60′	—	75	74	78	—	78	—
90′	69	71	82	—	—	74	—
DIET—	macaroni, tomato beef, cucumber vinegar, pepper, potato, butter coffee	chicken, noodle, tuna fish, milk, bread lettuce, mayonnaise, olives, choco late, pickle	tomato, potato, carrot, peas, cake, cream wine	clam chowder, liverwurst	tomato, cheese, rye bread, tea, cheese cake	chicken, rice, cream cheese, apple butter, tea	beef, potato, tomato, tea, chocolate-pudding, marshmallow
DINNER	65	70	60	65	64	76	66
30′	69	73	64	66	68	78	68
60′	68	74	68	84	68	75	66
90′	63	69	62	65	64	72	—
DIET—	tuna fish, olive, tomato, celery, potato mayonnaise, apple juice	lamb, potato barley, beets, pineapple walnut cake	lamb, barley, macaroni, spinach, celery, coffee, milk	beef, potato, milk, spinach, peach cake, cinnamon, coffee, sugar	ham, potato, carrot, apple, peach-cream cake, coffee	mackerel, potato, tea, tomato, ice cream	beef, corn, potato, coffee, chocolate-pudding, marshmallow

Table 1b

Pulse record of Mrs E E on selected diet

	May 29	May 30	May 31	June 1	June 2
Before r s ng	pı lse	pulse 60	pulse 58	pulse 58	pulse 60
BREAKFAST		66	68	67	68
30′		67	60	69	68
60′		70	62	70	—
90′		66	61	68	—
DIET—		pep cereal coffee bread	pep cereal coffee sugar bread	pep-cereal coffee cake	wheat cereal coffee
LUNCH	62	64	66	64	—
30′	65	66	66	66	—
60′	68	69	68	68	—
90	66	68	70	64	—
DIET—	apple lettuce mayonnaise	beef potato carrot onion corn coffee apple p e	lettuce bread sardines mayonna se r ce apple ju ce	carrot beet lettı ce mayonnaise apple juice	
DINNER	66	64	66	64	66
30′	62	62	68	68	68
60′	64	64	68	66	68
90′	60	60	66	64	64
DIET—	beef potato corn coffee apple pie	lamb tomato potato coffee apple	tomato lamb potato beets coffee	ham potato carrot apple mayonnaise coffee	beef carrot pepper lettuce potato apple sauce coffee mayonnaise
RETIRING	60	58	60	60	62

Table Ia

Pulse record of Mrs F. B. on an unrestricted diet.

	May 11		May 12		May 13		May 15		May 17		May 19		May 20	
Before rising	pulse	61	pulse	57	pulse	64	pulse	56	pulse	—	pulse	70	pulse	66
BREAKFAST		68		70		70		69		73		71		68
30'		73		74		73		78		71		71		76
60'		80		78		76		75		71		77		71
90'		76		71		81		73		62		72		68
DIET—	orange, coffee, wheat cereal		pineapple, bacon, egg, bread, coffee, crab apple jelly		apricot, bread, wheat cereal, crab apple jelly, coffee		apple sauce, cinnamon toast, coffee sugar		wheat cereal, coffee, (fudge)		egg, grape fruit, wheat cereal, apple butter, coffee		egg, coffee, coffee cake	
LUNCH		—		75		69		68		80		68		74
30'		—		80		65		—		—		76		—
60'				75		74		78		—		78		—
90'		69		71		82		—		—		74		—
DIET	macaroni tomato beef cucumber vinegar, pepper potato butter coffee		chicken, noodle, tuna fish, milk bread lettuce, mayonnaise, olives chocolate, pickle		tomato potato, carrot peas, cake, cream wine		clam chowder, liverwurst		tomato, cheese, rye bread, tea, cheese cake		chicken, rice, cream cheese, apple butter, tea		beef, potato, tomato, tea, chocolate pudding, marshmallow	
DINNER		65		70		60		63		64		76		66
30'		69		73		64		66		68		78		68
60'		68		74		68		84		68		73		66
90'		63		69		62		65		64		72		—
DIET—	tuna fish olive tomato celery potato mayonnaise apple juice		lamb, potato, barley, beets, pineapple walnut cake		lamb, barley, macaroni, spinach, celery, coffee, milk		beef, potato, milk, spinach, peach cake, cinnamon, coffee, sugar		ham, potato, carrot, apple, peach cream cake, coffee		mackerel, potato, tea, tomato, ice cream		beef, corn, potato, coffee, chocolate pudding, marshmallow	

Table 1b

Pulse record of Mrs E E on selected diet

	May 29	May 30	May 31	June 1	June 2
Before rising	pulse	pulse 60	pulse 58	pulse 58	pulse 60
BREAKFAST		66	68	67	68
30		67	60	69	68
60		70	62	70	—
90		66	61	68	—
DIET—		pep cereal coffee bread	pep cereal coffee sugar bread	pep-cereal coffee cake	wheat cereal coffee
LUNCH	62	64	66	64	—
30′	65	66	66	66	—
60	68	69	68	68	—
90	66	68	70	64	—
DIET—	apple lettuce mayonnaise	beef potato carrot onion corn coffee apple pie	lettuce bread sardines mayonnaise rice apple juice	carrot beet lettuce mayonnaise apple juice	
DINNER	66	64	66	64	66
30′	62	62	68	68	68
60′	64	64	68	66	68
90′	60	60	66	64	64
DIET—	beef potato corn coffee apple pie	lamb tomato potato coffee apple	tomato lamb potato beets coffee	ham potato carrot apple mayonnaise coffee	beef carrot pepper lettuce potato apple sauce coffee mayonnaise
RETIRING	*60*	*58*	*60*	*60*	*62*

Table Ia

Pulse record of Mrs E E on an unrestricted diet.

	May 11	May 12	May 13	May 15	May 17	May 19	May 20
	pulse	pulse	pulse	pulse	pulse	pulse	pulse
Before rising	61	57	64	56	—	70	66
BREAKFAST	68	70	70	69	75	74	68
30′	75	74	73	78	71	74	76
60	80	78	76	75	71	77	73
90′	76	71	81	73	62	72	68
DIET—	orange coffee wheat cereal	pineapple bacon egg bread coffee crab-apple jelly	apricot bread wheat cereal crab apple jelly coffee	apple sauce cinnamon toast coffee sugar	wheat cereal coffee (fudge)	egg grape fruit wheat cereal apple butter coffee	egg coffee coffee cake
LUNCH	—	75	69	68	80	68	74
30′	—	89	65	—	—	76	—
60′	—	75	74	78	—	78	—
90′	69	71	82	—	—	74	—
DIET—	macaroni tomato beef cucumber vinegar pepper potato butter coffee	chicken noodle tuna fish milk bread lettuce mayonnaise olives chocolate pickle	tomato potato carrot peas cake cream wine	clam chowder liverwurst	tomato cheese rye bread tea cheese cake	chicken rice cream-cheese apple butter tea	beef potato tomato tea chocolate pudding marshmallow
DINNER	65	70	60	65	64	76	66
30′	69	73	64	66	68	78	68
60′	68	74	68	84	68	75	66
90′	63	69	62	65	64	72	—
DIET—	tuna fish olive tomato celery potato mayonnaise apple juice	lamb potato barley beets p neapple walnut cake	lamb barley macaroni spinach celery coffee milk	beef potato milk spinach peach cake cinnamon coffee [illegible]	ham potato carrot apple peach-cream cake coffee	mackerel potato tea tomato ice cream	beef corn potato coffee, chocolate pudding marshmallow

Table 1b

Pulse record of Mrs E E on selected diet

	May 29	May 30	May 31	June 1	June 2
	pulse	pulse	pulse	pulse	pulse
Before rising		60	58	58	60
BREAKFAST		66	68	67	68
30′		67	60	69	68
60′		70	62	70	—
90′		66	61	68	—
DIET—		pep cereal coffee, bread	pep cereal, coffee, sugar, bread	pep-cereal, coffee, cake	wheat cereal, coffee
LUNCH	62	64	66	64	—
30′	65	66	66	66	—
60′	68	69	68	68	—
90	66	68	70	64	—
DIET—	apple lettuce, mayonnaise	beef, potato, carrot, onion, corn, coffee apple-pie	lettuce, bread, sardines, mayonnaise, rice, apple juice	carrot, beet, lettuce, mayonnaise, apple juice	
DINNER	66	64	66	64	66
30′	62	62	68	68	68
60′	64	64	68	66	68
90′	60	60	66	64	64
DIET—	beef, potato, corn, coffee, apple pie	lamb, tomato, potato, coffee, apple	tomato, lamb, potato, beets, coffee	ham, potato, carrot, apple, mayonnaise, coffee	beef, carrot, pepper, lettuce, potato, apple-sauce, coffee, mayonnaise
RETIRING	60	58	60	60	62

could be normal This result showed that he was not allergic to any food that he ate in the four days The record gave no indication of a sensitivity to house-dust yet the exclusion of food and tobacco sensitivity compelled a suspicion of the third *most likely* allergen the ubiquitous and almost unavoidable house-dust

And so his furniture rugs and bedding were Dust Sealed* as a conclusive test on a hot sunny June day on his lawn They were quite dry a few hours later and could be replaced in the late afternoon

Mr B slept on his Dust-Sealed bed mattress that night and in the morning for the first time found his pulse four beats lower than ever before His maximum rate also dropped four beats and this lower level was indefinitely maintained

The eczema was practically healed in two months and there has been no recurrence in the past seven years

Table No 3 is that of Mr W whose brief case history is recounted on pages 108–9 His chief symptom was daily painless vomiting

Most beginners on being handed this record first scan the list of foods looking for a likely cause of the frequent vomiting The reader has by this time learned to look first at the figures of the pulse-counts where he will find the answer The low count is 70 the highest is 80 a range of 10 which can be normal

This observation, by itself shows that Mr W was not

* See Chapter 9

any that would elevate her pulse above the normal maximum 70, but she found none. Her facial eruption soon healed.

Looking back, it can be seen that the foods which affected the pulse at breakfast on May 11, 12, 13 and 15 were respectively orange, pineapple, apricot and cinnamon.

Table 2 is that of Mr. J. R. B , age 74, whose eczematoid condition of his legs had resisted local 'treatments' for ten years. He lived alone in a scantily furnished house. The pulse-test with cigar was negative. He avoided the cabbage family and onion, having himself found that they caused migraine headache.

Table 2

Showing the drop of the pulse-rate following the use of 'Dust Seal' in the case of a severe eczematoid eruption, caused by sensitivity to 'House Dust' (See chapter 9)

	Pulse rate			
June	4	5	6	7
Before rising	64	60	60	60
Maximum	68	68	68	68
Retiring	64	60	64	60
June 8 bed mattress and furniture treated with Dust Seal				
June	9	10	11	12
Before rising	56	56	56	56
Maximum	64	64	64	64
Retiring	60	60	60	60

The pulse was counted 14 times each day: just before each meal, three times after each meal at half hour intervals, just before retiring and before rising in the morning

It is seen that the *low* count in the four days from June 4 to 7 was 60, the highest 68—a range of 8 beats, which

tively strong 'major' allergens, whereas dust-sensitivity is nearly, if not quite always, a weak or 'minor' one Secondly, the dust allergen is generally 10 or 20 times more concentrated in used bed mattresses than it is in

Table 3

Mr W ship s purser suddenly suffered abdominal pa n with frequent painless vom ting in November 1951

Jan 5 1952

A.M Pulse

10 45—72—before ris ng
began smoking

11 00—74—coffee sugar cream

P M

1 00—80—coffee sugar cream

2 00—76

2 30—78—grapes cheese

3 30—73

7 00—70—ham bread butter
cheese tomato
lettuce mayonna se
pepper

8 00 vomited
75

8 35—74

9 15—72—coffee sugar m lk

11 30—70—pie chocolate

P M

2 00—80

2 15—76—veal potato beans
pork tomato
cucumber lettuce
tapioca sugar
cream coffee

3 00—74
vomited

3 45—80

5 30—78—doughnuts coffee

5 45 vomited

6 00—74

6 30—72

7 40—75—cheese sandwich
lemon soda brandy

9 45—78

10 15—72

11 10—72

11 30—72—coffee sugar
vom ted

12 00—72

Jan 6 1952

A M Pulse

3 00—74—ret red

8 30—70—before rising
began smoking

9 00—74—bacon egg biscuits
coffee sugar
vomited

9 30—76

10 00—80

Jan 7 1952

A M Pulse

1 00—70—before retiring

9 30—74—before rising
began smoking

9 45—74—coffee sugar

allergic to any of the foods he had been eating his vomiting was *not* due to a food sensitivity

Most idioblaptic allergies are due to some food sensitivity The next most commonly incriminated allergen is tobacco Mr W smoked constantly through the day from the time he rose in the morning

The allergic pulse reaction to tobacco has been found regularly to occur within 15 minutes after the individual begins to smoke, and fortunately Mr W always recorded his pulse just before smoking and 15 minutes later Thus on January 5 his pulse at 10 45 a m 'before smoking' was 72 and at 11 00 it was 74, which was well within his normal range Again, on January 7, at 9 30 before smoking his pulse was 74 and 15 minutes later it was still 74 Therefore Mr W is not allergic to tobacco These dependably negative tests of food and tobacco leave 'house-dust' as the most likely suspect as the specific cause of the vomiting In fact the record contains significant data pointing to dust sensitivity Let us examine these data

We find that the pulse record says Not guilty' to foods and tobacco However, *note that the low count* does not occur always 'before rising' after the night's rest This permits a *suspicion* of dust sensitivity (rule 7 below)

The explanation of this phenomenon is a little involved First, the phenomenon can occur only in the absence of the reactions of common food sensitivities and reactions to tobacco smoke because these are rela

causes no acceleration of your pulse (at least 6 beats above your estimated normal maximum) that food can be tentatively considered non allergenic for you

Rule 5 If exposure to 'house-dust' causes irregularity of your pulse, this regularly excludes the commonly eaten foods as allergens since 'house-dust' is, at least usually, a 'minor' allergen hence it does not affect persons who are protected by the stronger reactions that would be caused by foods

Rule 6 Your pulse reaction to an inhaled allergen (particularly 'house-dust') is more likely to be of short duration than that to a major food allergen

Rule 7 Pulse rates that are not more than 6 beats above the estimated normal daily maximum should not be blamed on a recently eaten food but on an inhalant or a recurrent reaction

Rule 8 If your minimum pulse rate does not regularly occur before rising' after the night's rest, but at some other time in the da[illegible]

tivity to the [illegible]

Rule 9 If [illegible]

you are probably allergic to only few, if any, commonly eaten foods though you may be allergic to some inhaled substances for example 'house dust', which may even cause *respiratory symptoms*

Now I come to an interesting point

Good intentions are not enough if you are serious about discovering the cause of your ill health present or future

rugs and carpets Thus the exposure to 'dust' while in bed can be greater than it is elsewhere in a house that is not Dust Sealed

Mr W's 'before rising' pulse on Jan 5 was not 70 but 72, and on Jan 7, his pulse before retiring was 70 (his lowest), but it had risen to 74 as he was resting after the night's sleep

Mr W accepted the interpretation, Dust-Sealed his apartment and purser's quarters and was immediately and permanently relieved of his distressing condition, which, by the way, had been classed as 'psychosomatic' in two Marine Hospitals

The following tentative rules of technique and interpretation of the pulse dietary record may be helpful to those who are beginners in the art One must not, however, forget the occasional exceptions to these rules

/ Rule 1 If your pulse count, taken standing is greater than that taken sitting this is a positive indication of present 'allergic tension'

/ Rule 2 If at least 14 pulse counts are being made each day, and if your daily highest pulse rate is constant (within one or two beats) for three days in succession, this indicates that all 'food allergens' have been avoided on those days

Rule 3 If your daily highest pulse rate varies more than two beats, for example, Monday 72, Tuesday 78, Wednesday 76, Thursday 71, you are certainly allergic, provided there is no infection

/ Rule 4 If the ingestion of a frequently eaten food

causes no acceleration of your pulse (at least 6 beats above your estimated normal maximum) that food can be tentatively considered non-allergenic for you

Rule 5 If exposure to 'house-dust' causes irregularity of your pulse, this regularly excludes the commonly eaten foods as allergens, since house-dust' is, at least usually, a 'minor' allergen, hence it does not affect persons who are protected by the stronger reactions that would be caused by foods

Rule 6 Your pulse reaction to an inhaled allergen (particularly 'house-dust') is more likely to be of short duration than that to a major food allergen

Rule 7 Pulse rates that are not more than 6 beats above the estimated normal daily maximum should not be blamed on a recently eaten food but on an inhalant or a recurrent reaction

Rule 8 If your minimum pulse rate does not regularly occur before rising', after the night's rest, but at some other time in the day this usually indicates sensitivity to the 'house-dust' in mattresses or pillows

Rule 9 If you are not susceptible to common colds, you are probably allergic to only few, if any, commonly eaten foods though you may be allergic to some inhaled substances for example 'house-dust', which may even cause *respiratory symptoms*

Now I come to an interesting point

Good intentions are not enough if you are serious about discovering the cause of your ill health, present or future

You *must* decide to devote yourself to pulse counting for the required number of days You *must* give up smoking immediately, at least for the duration of these tests

It all seems simple And yet I know people who are bed ridden with nothing but time on their hands, who would not devote the time and energy necessary to complete a survey

I know car owners who if told they were pouring a corrosive chemical into their car engines when they used a specific type of petrol would spend days testing the truth of my statement But these same people, if told that they are pouring what are to them poisons into their own body engines would not take one hour to test the truth of my statement

For five or ten days of testing you may be rewarded with five or ten years, or more of additional illness free life span

You are being given a road map to the fountain of youth Use it

4

Your Heart and Your Pulse

Your heart is a personal matter, as personal as your diary or your income-tax Its beat can explain how you look, act and feel If its pattern is right life can be a joyful, pleasant experience If its pattern is wrong life can be a weary drudgery, fraught with headaches, con stipation, and so many of the other illnesses we have mentioned.

You shouldn't wear your heart on your sleeve, but you should get acquainted with it by feeling your pulse beneath your sleeve

Incidentally much is known about heart damage, but that knowledge does little good to the seemingly healthy man or woman who keels over dead with a heart attack Almost everyone knows of one case where death came unexpectedly and 'apparently without cause from a sudden heart attack

Since there is no way to foretell whether you are destined to be among next year's thousands you may be curious to understand how a heart attack occurs Here is the pertinent life story of one typical case

Soon after he was born Mr X became allergic to milk and to tobacco smoke However, neither of these substances affected his health noticeably, although his medical acquaintances remarked upon his fast and irregular pulse, due, they thought, to his 'strenuous life'

On coming of age he began to smoke heavily in spite of vague suspicions that smoking was not good for him His blood pressure was always normal

At the age of 45, with no premonition whatever, he suddenly fell to the floor in his office in a heart attack which completely incapacitated him for two years after which time a second major attack carried him off

In this man the heart was the most important organ which was to become *susceptible* to his allergic reactions However, the local susceptibility was not *established* in him till he reached the age of 45 If he had stopped smoking and avoided milk one week previous to the date of his attack, the attack would not have occurred The heart *had not been damaged* by his long indulgence in his allergens But after the critical age of the cardiac susceptibility had been reached, a resumption of smoking at any time would have been quickly followed by the allergic catastrophe This has happened in one of my cases

The allergically fast pulse is caused by an allergic

eaction in the nervous system controlling the heart beat which does not directly affect the heart muscle The rapid pulse of allergy does no lasting harm, even after many years It is the local susceptibility of the blood vessels that nourish the *heart muscle* which is responsible for a heart attack

You owe it to your heart then to learn how it is behaving And if it is beating too fast, you owe it to yourself to learn why, and to remove the causes of that too-fast beat or acceleration *in time*

The first question from an allergic person seeking relief through the pulse-dietary survey is usually 'How fast should my heart beat what is my normal rate?'

To this there is only one answer 'That cannot be determined with certainty until at least four or five days after you have begun to avoid *all* of your dietary and other allergens (tobacco dust, fumes, perfumes, etc)

As I have said earlier the reason for this is that there is a great variation of normal pulse rate among different individuals Text books usually state that the normal pulse rate is about 72 beats per minute, but the truth is there is no normal pulse-rate'

Considered in its course over a sufficient period (possibly a week is enough) the normal person's pulse may be sufficiently individualized to be as unique in its character *as are* the fingerprints And there is no normal fingerprint

The pulse-character is expressed for practical diag nostic purpose in its general level (low or medium or

high), and in its daily range (interval between the lowest number of beats per minute and the highest number of beats per minute). Other things that may be individual as possibly variations in the daily minimal low and maximal high rates, although the latter are constant enough (not varying more than two beats per minute) to serve as dependable indicators of the success of the dietary course.

I mean that when the patient's highest pulse rate has been brought, by a selection of diet, to a variation from day to day of not more than two beats per minute, the survey has been successful, and the allergic symptoms should have disappeared There are rare exceptions to this rule.

Gross differences of the pulse-character are found in different non-allergic persons when the pulse is counted fourteen times daily for two to five days

	Lowest count	*Highest count*	*Range*
1	62	72	10
2	62	72	10
3	66	76	10
4	69	76	7
5	70	78	8
6	72	80	8
7	72	82	10
Average	67 5	76 5	9

The table above shows the essential information obtained from seven nurses, all of whom, as well as their parents, were free from allergic symptoms It is

seen that although the highest count of nurse 7 was greater than that of nurse 1, the range from low to high was the same in both – 10

It is astonishing to learn through the report of Dr George C Deaver of New York University that the outstanding runners Leslie MacMitchell Glenn Cunningham and Paavo Nurmi have the low pulse rates of 38 42 and 47 respectively Although such low rates are unusual – among 104 persons I encountered only four with minimal rates below 50 – they are found in perfectly healthy people, they are not abnormal

The range of the pulse rate varies greatly in different normal individuals This is illustrated in the table showing a survey of fifty persons All of these people had been brought out of their various allergic miseries, as you may be through the pulse-dietary method

The one patient a man of 30 years, with the range of only two beats regularly reported a count of 60 taken before rising in the morning As soon as he was up the count was 62 and remained at that rate throughout his busy work-day irrespective of his meals – so long as he avoided his pulse accelerating foods During the past ten years in which he has adhered to this regime he has been free from his allergic symptoms including the major one epileptic seizures Previously his pulse-rate had ranged from 78 to 102

The dependability of the pulse as an indicator of allergic reaction is illustrated in the case of C G age 15 whose symptoms were chronic urticaria recurring

headache, abnormal tiredness, occasional dizziness and mouth ulceration.

It was the urticaria that annoyed her most, both physically and cosmetically, and drove her to the tedium of the daily 22 pulse counts Her normal range was found to be unusually low – 52 to 61; the sole cause of her urticaria was wheat, and there were only two other food allergens, strawberries and beef.

Wheat flour was suspected on the second day, and

Range of the Pulse Rate in Fifty Food Allergic Persons Before and After Dietary Treatment

Patient	Sex	Age	Range of Pulse Rate	
			At Start of Treatment	After Treatment
E F C	M	49	to 180	68 80
A F C	F	65	66 100	58 70
M M D	F	27	70 100	70-80
A R	M	28	66 108	70 84
C T	M	26	65 112	72 78
J G	F	36	66 100	66 80
H E *	F	49	76 106	58 76
W W F	F	57	66 100	56 68
M W F	M	52	72 100	58 72
A W F	M	17	70 90	60 72
F C F	F	16	58 84	58 70
M B	M	22	64 100	64 76
P W	F	47	68 100	62 78
R M	F	22	68 100	62 78
A P	M	70+	72 100	70 74
S I H	M	40	68 108	68 80
H A S	M	58	60 105	60-74
J F	F	53	68 108	68 80
W S C*	M	41	46 70	46 62
J V*	F	35	44 78	48 64
E B	M	50	82 108	72 76

Range of the Pulse Rate in Fifty Food Allergic Persons Before and After Dietary Treatment (continued)

Patient	Sex	Age	Range of Pulse Rate	
			At Start of Treatment	After Treatment
Dr R	F	26	70 90	70 76
R F	F	34	64 114	62 76
A F	F	10	82 124	74 78
N N W	M	38	64 86	62 76
Dr I P *	F	46	84 104	72 78
L H B	M	20	60-90	58 70
J J N	F	38	70-94	62 74
C B	M	23	72 100	67 72
K S	F	48	70 110	70 80
M D B	F	50+	62 90	52 60
G H	F	17	66 102	54 66
E K	F	27	60-96	58 66
A S	F	50	66 96	62 76
J K	M	30	78 102	60-62
G B	F	55	64 92	64 74
J B	M	35	68 100	68 78
O W L	M	52	70 98	68 80
Mrs E B	F	36	47 79	48 60
M P	F	11	74 116	60-72
M S	F	31	64 100	64 74
W C	F	21	66 86	66 78
L S	M	24	56 88	56 68
B B	M	20	58 78	58 68
T C F	M	50	54 90	54 68
E H	M	50	66 88	60 68
C A E	M	50	66 90	60 68
E A	F	63	75 100	56 68
A C M	F	50	62 100	64 78
G C N	M	55	74 88	70 78

* These patients did not complete the dietary diagnosis and undoubtedly are mildly affected by unidentified minor allergens although completely relieved of their major symptoms

headache, abnormal tiredness, occasional dizziness and mouth ulceration.

It was the urticaria that annoyed her most, both physically and cosmetically, and drove her to the tedium of the daily 22 pulse counts. Her normal range was found to be unusually low – 52 to 61; the sole cause of her urticaria was wheat, and there were only two other food allergens, strawberries and beef.

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J G	F	36	66 100	66 80
H E*	F	49	*76 106*	*58 76*
W W F	F	57	66 100	56 68
M W F	M	52	72 100	58 72
A W F	M	17	70 90	60 72
F C F	F	16	58 84	58 70
M B	M	22	64 100	64 76
P W	F	47	68 100	62 78
R M	F	22	68 100	62 78
A P	M	70+	72 100	70 74
S I H	M	40	68 108	68 80
H A S	M	58	60 105	60 74
J F	F	53	68 108	68 80
W S C*	M	41	46 70	46 62
J Y*	F	35	44 78	48 64
E B	M	50	82 108	72 76

Not all allergic women exhibit this effect and, in some who do there is no other disturbance at the periods However, some women suffer at the periods not only a rapid heart beat, but also typical allergic symptoms (migraine, bronchial asthma, constipation) Assuming a particular excitant of such allergic manifestations one can only imagine that it is produced in unusually large quantity in the female generative organs at a certain time in the menstrual cycle

Mrs M M, age 40, mother of two young children, both allergic is a sufferer from bronchial asthma The preliminary pulse-dietary survey revealed no 'food allergens, but the pulse record over several months pointed to an internal allergen that caused severe, indeed alarming continued asthma in the early stages of each of three periods

The patient could not recall the circumstances of the earlier periods The pulse in these attacks ranged well over 100 On one of these occasions she required injections of adrenaline throughout one night It was decided to induce premature menopause with X ray (ten spaced treatments) There were two periods after the treatments both accompanied with high pulse (up to 104) but with milder asthma Then the periods ceased and also the asthmatic crises and the rapid pulse.

Mrs L P, age 25 is subject to abnormal tiredness and constipation The pulse-dietary survey revealed only two excitants tobacco and the micro-organisms in

thereafter avoided, but the urticaria and the elevated pulse continued for two and a half days.

Beef was then tested (highest count 84), and caused no urticaria, but affected the pulse in the subsequent six days! (The daily highest counts were 67, 72, 67, 65 and 62.) Then followed six days in which the count reached 61 (only 60 on one day), but no higher excepting the tests with strawberries in which it reached 66 and 67 respectively (a very feeble sensitivity). The low count on all those six days was 52.

Then she re-tested wheat flour at breakfast, and in 30 minutes the pulse registered 90, remaining between 74 and 88 the rest of the day. After lunch she reported 'covered with urticaria; face swollen.' The eruption persisted through the next two days.

Here we have a physically active, very popular student, too busy to be neurotic, yet presenting some of the common symptoms of neurasthenia, which lacked only the mental depression that would logically ensue if the condition should continue so long that it would seem incurable.

In the first two days of her test the sole cause of all her troubles was detected, and there has been no recurrence of them in the subsequent four years excepting a mild swelling of the face (sufficient warning for a young woman) after incautious nibbling at pastry.

The pulse is sometimes affected by menstruation but, so far as I have had opportunity to observe, only in *allergic* women.

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respective groups showing rates below that which is certainly allergic.

This is clearly seen in a survey of the pulse-rates that were taken in two groups of children one hour after lunch Among 50 between the ages of 8 and 10 only two (4 per cent) showed a rate of 76 or less; whereas among 65 who had passed puberty – ages 14 to 17 – 21 (33 per cent) showed rates of 76 or less. On the other hand, about half of each group showed rates of 90 or more, which in most instances indicates the presence of the allergic constitution

The maximal pulse rate in the normal non-allergic child has been the same, in my limited experience, as that in the normal adult – 84

It is my belief that there is nothing more valuable that you can do for your child than to learn the secrets of his heart through his pulse, and to teach him to join you in avoiding those things to which he is personally allergic

cheese (yeast, bacteria) She is not allergic to milk Smoking elevated the pulse from 64 to 80 in five minutes Avoidance of her allergens was followed by relief of her symptoms between the periods, but both the tiredness and the constipation were present for a few days at or just previous to the periods

Mrs E B, age 36, had long suffered from daily nausea and vomiting Her weight was about 90 pounds, height five feet The pulse dietary survey, controlled in correspondence (I have never seen her) revealed sensitivity to a number of important foods, cereals, milk, potato, pork, fish, fowl, cane sugar, peanut and banana Her acute symptoms ceased immediately upon avoidance of all her 'food poisons' and slowly thereafter, upon her greatly restricted diet, she gained weight up to 120 pounds

This patient never suffers allergic symptoms at the periods, but a menstrual allergic effect is registered upon the pulse rate Curiously this effect is not always an acceleration, which is usual, but is sometimes a moderate slowing of the rate Such a symptomless allergic pulse reaction is sometimes due to external allergens Indeed, it is well known that a victim of high blood pressure (which is often allergic) may die suddenly in a stroke or heart attack in active middle life without ever having been 'sick a day'

It is well known to doctors that the child's pulse tends to be faster than the adult pulse However, this difference is seen only in those individuals in the two

that is that the *healthy* exercise of each of the normal functions of the active group is attended with a specific pleasure and usually with a general sense of well being

My special medical experience has convinced me that if the exercise of any active function is not pleasurable that is either because that function has not been properly used or because it is subject to some abnormal condition – usually of allergic nature

The protracted disuse of an active function results not only in a sacrifice of pleasure but in positive dis comfort or pain and a gradual loss of the function (The outstanding exception here is the reproductive function the disuse of which is often punished with discomfort pain and other disorders but not with its loss) The active bodily functions then are intended to be used and their proper use in the *normal* body is rewarded with a pleasure that frequently fulfils our concepts of human happiness

In passing I should take note of the well known fact that the pleasures of the listed active functions are not equal that those of the spiritual function which so often involve a renunciation of those lower ones of the order known as sensual are the ones that are reserved for the reward of the highest aspirations of mankind It may be useful to some to observe that there is no inherent incompatibility in the enjoyment of the pleasures of *all* of the active funcuons to their healthy maxima there seems to be no moral profit in the self deprivation of the pleasure of any active function

5

That Tired Feeling

For a purely philosophical purpose, which will become apparent presently, I think of the bodily functions as divided into two main groups, the active and the passive

By the 'active' functions I mean those of motion, of the senses, of alimentation, of reproduction, of the mental processes, and of another which I feel unable to define, and which I shall call the spiritual function

By the 'passive' functions I mean such as those concerned in the protection of the individual against injurious influences – functions exercised by the covering of the body with its appendages (hair, nails) the nerves of pain, heat and cold perception, and the bony skeleton

A noteworthy fact has escaped the attention of many of us because of our inherited physical disabilities, and

that is that the *healthy* exercise of each of the normal functions of the active group is attended with a specific pleasure and usually with a general sense of well being

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Against the background of the foregoing considerations let us examine tiredness and fatigue

By normal tiredness I mean the physically perceptible consequences of prolonged but not necessarily excessive physical exertion It is not unpleasant and indeed it arouses anticipations of the pleasures of relaxation and of 'gentle sleep' On the other hand, all of us are acquainted with the difference between the tiredness of physical exertion, and that resulting for example from muscular disuse Many are familiar with the physical refreshment that vigorous sport can bring to replace the weariness of a day's confinement in a sedentary occupation

A prominent feature of the function of motion is the pleasure in its normal exercise, the urge to use the muscular system is seen in the act of 'stretching' in both man and animal And so the normal man, after a day of the heathy use of his active functions and a proper interval of rest and motionless sleep, wakes in the morning, obeys the urge to stretch his muscles and sinews from fingers to toes and springs out of bed filled with the pleasant anticipation of the exercise of his refreshed and recharged body

He is irked by inactivity, may welcome an excuse to run, prefers walking reasonable distances rather than riding, climbs stairs rather than wait for the lift and spends his holidays in unaccustomed sometimes exhausting, physical activity, deliberately depriving himself of the comforts and conveniences of his regular

way of living It is seen that normal tiredness is the natural result of the use of the function of motion. A proper synonym of tiredness of this kind is 'fatigue'.

'Abnormal tiredness' on the contrary is not a result of the use of any bodily function; it does not express a need for rest; there is no pleasure in it – indeed it is characteristically an unpleasant, often painful phenomenon, it is frequently most marked upon waking from a long sleep – not a consequence of sleep but present *in spite* of the rest

Abnormal tiredness is regularly associated with common allergic symptoms, especially migraine and lesser grades of recurrent headache, but in itself it may constitute the chief complaint of an adult subject.

It should always be suspected as the cause of 'laziness' in children or in adults In other words, laziness should be looked upon as a possible sign of an underlying physical abnormality to be treated not psychologically, but medically through identification and avoidance of its causes. 'Reasoning' with a lethargic child may be as reasonable as chiding a victim of polio for his awkward gait

Abnormal tiredness is one of the most common

[illegible] vanished in all of the 56 cases herein reported on, after avoidance of all of the 'food-allergens'. A common report from the patients was 'I feel like a new person'.

For the question: How does 'food-allergy' cause the abnormal tiredness? the following facts may provide an answer:

Wherever it is possible to examine the local effects (lesion) of 'food-allergy' this is often seen to consist in an abnormal outflow of fluids (dilute plasma) from the small terminal blood vessels into the tissue where the fluid is prevented from a normal return to the circulation – through the lymph channels – by some obstruction, *which is an essential part of the allergic process*

Thus a swelling under pressure develops in the affected area which is easily seen in urticaria, nasal allergy (sinusitis), asthma and glaucoma.

The allergic fluid is often distributed widely throughout the body,* and at the close of an attack this fluid *may be suddenly eliminated in great quantity through the kidneys.*

After all your 'food allergens' have been identified and avoided, and the allergic symptoms have disappeared, a sudden considerable and permanent loss of weight may be experienced This ranges in some cases between five and fifteen pounds Thus you have a measure of the general water-logging of the body, and with it one reasonable explanation of the symptom of abnormal tiredness.

In some cases showing a condition of overweight the first rapid loss of weight is followed, for a few weeks, by a slower loss to a point where irrespective of the amount

* von Pirquet and Schick *Serum sickness* 1905

of food eaten the weight remains indefinitely constant. This slower decrease of weight presumably represents a loss of excessive fat

On the other hand some food allergic persons come for anti allergic treatment in a state of malnutrition, having lost weight on account of their allergic indiges n (daily vomiting for example, or gastric pain or)or appetite) These persons in time regain their)rmal weight, sometimes in spite of a sharp restriction their diet entailed by the avoidance of their 'food)isons

One obtains an impression from these repeated ex eriences that overweight is probably not due primarily) overeating but in most instances is a consequence – irectly, and possibly also indirectly through a disturb .nce of some glands of internal secretion (hormones) –)f 'food allergy' It should be pointed out that the *normal* range of human body weight in relation to age and height has not been satisfactorily ascertained

Returning from this digression to our stated topic, we recognize the term 'abnormal tiredness' as a misnomer It is not fatigue but the disagreeable 'food allergic' symptoms that deserve a new name, if only to remove a stigma from its victims, young and old

The victim of allergic tiredness can be a miserable person especially if he suffers also from recurrent head aches

Feeling a need for rest he avoids exertion, thus add ing the real weariness of disuse of his body to his

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6

'Almost Miraculous' Case Histories

Diabetes, Ulcers, Eczema, Haemorrhoids, Overweight, Epilepsy, Urticaria

This chapter is intended to emphasize the difference between the medical 'treatment' of the symptoms of disease and the removal or avoidance of its causes In many serious conditions the 'treatment' must stop short of removal of the cause because that is not known And so the symptoms are treated

Treating a symptom of a blaze will no more put out a fire than treating a disease symptom will put out the disease If a house is on fire, it may seem helpful to put out the blaze that you can see on the roof But the fire still smoulders between the walls—and the blaze will eventually make itself known one way or the other

Join me while I show you examples

allergic discomfort until in an extreme case any exertion becomes a torture

It is not difficult to imagine such a person turning to drink or drugs though one may suspect that such a course may be found to indicate a particular defect of 'character' due conceivably to a particularly *localized* allergic lesion of the brain

Every abnormality of behaviour must have a cause *the means is now at hand wherewith to seek the causes* due to allergy in order to control them

It should be mentioned that the symptom of 'tiredness' results *sometimes from causes* other than allergy infections which are recognizable through the associated signs, and possibly vitamin-deficiency, which is not so easily recognized However, in my twenty year study of inheritable food allergy I have not encountered any instance of abnormal tiredness that could be traced with certainty to a deficiency of a particular vitamin

On June 7, 1953 Dr and Mrs C wrote me as follows 'If you are interested in testing any theories on two diabetics with pronounced food allergies, we would be glad to co-operate with you by serving as guinea pigs. We don't react positively to the skin tests, but noticed, however, that pulse and blood pressure were normal after fasting'

To this I replied to Mrs C, 'You and Dr C seem to be mind readers! I do not remember having publicly expressed the idea that diabetes may be an effect of food allergy, but that idea has seemed to me entirely plausible'

The pulse survey revealed a number of food sensitivities in both of them, although cereals seemed to be chief offenders I suggested sympathectomy, but they decided that they would try simple elimination of the cereals

In September, not having had word from them since July 1, I wrote for news, and received this reply from Mrs C 'We have improved tremendously simply by doing without cereals We use potato instead I can tolerate one cup of sugar at a time I tried it two week ends Ran no sugar, took no insulin! My husband's insulin dosage gets lower as he improves We look better than for years'

The 'sugar tolerance' test for diabetes is usually done by having the patient eat about a half-cup of grape sugar (glucose) at one time If the individual is diabetic his body is not able to store up that entire amount, and

The description of two of the 'serious conditions', diabetes and ulcer, as being of allergic nature, is being published here for the first time

Diabetes

Diabetes is a serious disease It has long been known that the cause of diabetes is some continual interference with the body's normal production or utilization of insulin, which goes on in the pancreas

If you are a diabetic, your pancreas may not produce enough insulin to take care of the quantity of carbohydrate which is needed to keep you warm and active

The discovery of insulin was a fine accomplishment It provided a way to treat the chief *symptom* of diabetes

However, insulin injections do not *cure* the disease The original cause remains It continues to act So, in *spite of the insulin, many people* die of their diabetes

I began to wonder if diabetes might be due to food allergy' affecting the pancreas This thought occurred shortly after I became convinced that hypertension is caused by food allergy' affecting the kidney, another internal organ Not only were my own observations convincing but I noted similar independent observations by Dr Sumner Price *

And then the first two cases of diabetes came to me, and asked to be put to the tests

* Medical Director of the Queen s Hospital Honolulu

On June 7 1953 Dr and Mrs C. wrote me as follows 'If you are interested in testing any theories on two diabetics with pronounced food allergies, we would be glad to co-operate with you by serving as guinea pigs We don t react positively to the skin tests, but noticed, however, that pulse and blood pressure were normal after fasting'

To this I replied to Mrs C , 'You and Dr C. seem to be mind readers! I do not remember having publicly expressed the idea that diabetes may be an effect of food allergy but that idea has *seemed to me* entirely plausible'

The pulse survey revealed a number of food sensitivities in both of them although cereals seemed to be chief offenders I suggested sympathectomy, but they decided that they would try simple elimination of the cereals.

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the excess is thrown out through the kidneys with the urine He 'runs' sugar

When Mrs C ate a whole cup of sugar at one time without taking insulin and 'ran no sugar' this result proved that her pancreas had resumed its duty of insulin production, and that the artificial assistance of injected insulin was no longer needed

Three years later they wrote that they were still well At that time I heard from Dr Milo G Meyer of his own independent control of diabetes with the use of the pulse survey

Eczema

Eczema is another serious and rather vexing ailment

The medical treatment of eczema includes the use of x ray, ultra violet ray, ointments and injection of various vaccines

Mr P 's doctor, after a two months' unrewarded trial of medical treatment of his tormenting eczema, advised him to take the pulse survey The pulse reacted to cereals, orange, honey, fowl, lamb a popular shaving cream (pulse up to 108) and soap powder, and the itch increased markedly soon after he had eaten or used some of these Three weeks after the elimination of these allergens he was practically well, and for good measure his somewhat elevated blood pressure (140/84) had become normal (about 120/70) At a subsequent visit to his doctor something like the following conversation took place

Doctor How are you?
Mr P I'm well
Doctor Did Dr Coca use rays?
Mr P No
Doctor Did he give you injections, or something to put on or to take?
Mr P No
Doctor Unbelievable!

Mr K was not only covered with an itching and unsightly, scaly eruption of several years' duration he was also about 25 pounds under normal weight, and his blood pressure was disturbingly high, 180/108 in August, and 176/100 in October

Hearing from a neighbour about the new allergy test which had relieved the neighbour's high blood pressure, he obtained a three week leave of absence to have the survey made At the first interview he announced that he was spending the first three days at Atlantic City to quieten his mind, and get some 'good fresh air' I wished him a pleasant trip, but I assured him that he would be wasting valuable time and that he was probably not in a frame of mind to benefit from the survey, in blunt fact that I did not wish to see him again

By the next evening I had forgotten about him when he telephoned I expressed astonishment, he replied 'I [illegible]

[illegible] onions asparagus and coffee as

pulse accelerating allergens, which were then excluded from his diet

By the fourth week on the greatly restricted diet he had gained 8 pounds in weight, and the eczema had healed on the body, face, ears, legs and one arm, still persisting on the other forearm and one ankle

By six weeks the eruption was entirely healed, he had gained 12 pounds and his firm's doctor reported a nearly normal blood pressure of 128/78 Three months later he reported sadly that 'the mess' was back again

It was almost as bad as ever, and his blood pressure was up (160/84) At first he asserted that he had stuck to his 'diet', but after a mild third degree he confessed some indulgence in wine without a pulse test. I jokingly told him that he could 'jump in the lake' and hung up

After another three weeks I called him 'How are you now?' I asked

'Oh, I'm well again it *was* the wine,' he replied His pressure too had returned to normal

It amazes one to consider that a man of 54 can avoid all the protein rich meats, also egg and potato, can do harder physical work than ever, yet gain back, as he now has, that 25 pounds of lost weight

Ulcer

Now a look at the 'treatment' of ulcer of the stomach Why, by the way, has no one thought of the similarity of that condition to ulcer of the mouth which is already recognized as allergic?

First the sufferer usually receives a bland diet such as milk gelatine, junket, he is given antacids and sedatives, then he is briefed about his anatomy and the 'nervous factors' Finally, if all simpler measures fail, surgery is the only apparent solution, and he must submit to an operation

This may or may not bring relief to the sufferer Certainly it seldom cures the underlying cause

I had not run across my old friend, the chemist, Dr P, for months when he stopped me and casually remarked that he had an ulcer

'My dear fellow,' I exclaimed, 'why the secrecy? Maybe I can help, what are you doing?'

'Well' he replied, 'my surgeon is feeding me only milk, and if that doesn't help me he intends soon to operate, and, in fact, I am ready for it because I am worse than ever'

I counted his pulse – 104 He found 103

'You have eaten nothing but milk today?' I asked

'Nothing else'

'Will you believe in me and do what I say for one week?'

'Yes, but what shall I do?' he asked

I explained that since he had taken only milk and was running a fast pulse, he was probably allergic to milk. What effect this allergy had on his ulcer remained to be seen I suggested that he count his pulse before and after meals eating anything at first *except* milk

He was sceptical but agreed to give it a try

At lunch he had a liberal assortment of dishes containing no milk, and his pulse thereafter ranged only from 74 to 78. The result was the same at dinner and at breakfast the following morning, by which time his ulcer-pain had vanished.

Three days in succession this trained scientist tortured himself with a glass of milk at lunch before he was convinced that he could always produce both the pain and the pulse-rise with that food, and that alone – a lucky man! This was in January 1941, and Dr P.'s stomach is still intact and making no complaint.

Another case tells a similar story, but the patient in this instance was not so fortunate. Mr C. learned about the new test too late to save himself from the gastric resection. Also he learned too late that the operation, if it did not worsen his state, at least did not better it. In fact, six months later he had developed a severe gastritis (inflammation of the stomach-lining) which his physicians had previously assured him was a most unlikely occurrence. A year later, at the age of 46, he was making arrangements to retire from his successfully developed business, physically debilitated to the point where he felt he must take to his bed.

It was from his wife, one of my former laboratory associates, that he heard about the new test, and as a last resort, and with her encouragement, he devoted himself conscientiously to the routine counts.

Incidentally, previous routine skin-tests had revealed no allergens. Like Dr P. he too discovered cow's milk

to be his major food allergen Moreover, the simple avoidance of cow s milk not only set his sick stomach in peaceful working condition after twenty years of pain and discomfort, but unexpectedly it solved an other painful disorder, his haemorrhoids

Mr C is restored to health to an eight hour day of laborious occupation and to a serene view of the future in which retirement is too far off to be thought about

Haemorrhoids

Haemorrhoids are usually treated at first with neglect and even their bodily protrusion is viewed only with annoyance so long as they do not become too painful or bleed too freely

The doctor can recommend only symptomatic relief induced with suppositories postponing as long as possible the inevitable resort to surgery

It is remarkable how many of these allergic conditions of previously unknown cause have been 'treated literally according to the Biblical counsel 'If thine eye offend thee pluck it out' But here again surgery often fails just as it does with the different yet comparable instances of adenoids and probably also enlarged tonsils which also may be the result of allergy

When the allergic swelling of the nasal mucous membrane extends into the sinuses we call the condition sinusitis When it involves the membrane covering the ceiling of the posterior cavity of the mouth the swollen membrane may be thrown into pendulous folds The

difference between these and haemorrhoids is that there are no swollen veins such as characterize the haemorrhoidal mass. They are similar in that they are both allergic swellings, and that the removal of the presently existing ones does not prevent the formation of others.

Mr C. had undergone surgery because of painful, bleeding haemorrhoids that protruded. The first operation failed, and a second was advised. Later there occurred an alarming protrusion of a part of the rectum. Even if one admits its possibly food-allergic origin, a dislocation such as this rectal protrusion would not be widely thought reducible through the regulation of the diet. Yet that is exactly what happened.

It was at this juncture that Mr C. discovered milk as his sole disturbing food-allergen, and began to exclude it from his diet.

Subsequently improvement was marked and progressive until by now protrusion has become negligible. Neither has there remained any further bleeding or discomfort.

Mr M.'s case was much less serious than that just recounted, but it is illuminating in that after the condition had been miraculously cleared up by mere avoidance of the allergens pea, bean, peanut and tobacco, it returned promptly when bean, unknown to him, was slipped into his diet. It was his migraine headaches and his nagging tired feeling, not his haemorrhoids, that brought him to the pulse-survey.

He did not mention the haemorrhoids until, together with his major complaints, it departed Indeed several weeks passed before he was sure that it was gone for good, and then its possible connection with his allergy struck him This result of the new procedure seemed to impress him more than his relief from the other symptoms, it impressed me also, for at that time I had made only one other similar observation

Mr M's haemorrhoids did not bleed or protrude, but the pain and discomfort spoiled his night's rest, necessitating the regular use of a suppository His doctor did not wish to risk operation

In the summer following the disappearance of the condition, Mr M took a holiday in good spirits with his restored health Soon after his arrival at the resort he was disheartened by the recurrence of the haemorrhoidal discomfort

But the setback was only temporary, because the cause of the trouble was discovered in the soya bean and its oil which made its unsuspected way into his diet

Recently his doctor examined him and reported that the haemorrhoids had completely disappeared

A haemorrhoid by its mass gives the impression of a growth Yet it is not a growth but a swelling composed largely of distended veins (the conveniently named haemorrhoidal veins)

Now the remarkable disappearance of such a mass following the mere avoidance of pulse speeding foods spells allergy and that word is underscored by the

prompt recurrence of the mass when one of those foods is unwittingly restored to the diet

But how explain such a swelling as allergic? This is easily done with the use of a common analogy in this amazing field

Young Farmer Jones, against his better judgment based on experience, indulges in some of the first picking from his strawberry patch

'They won't hurt you,' assures his new bride Next morning Mrs Jones is wakened by a groan

'What's the matter, Sam?'

'My head is pounding, and I can't see'

And with obvious reason, for his eyelids are so tensely swollen that they cannot be opened *Allergic fluid impounded under pressure in the tissues*

The same phenomenon is apparent in urticaria, in the tensely swollen, impassable nasal membrane of allergic rhinitis, and in the painful internal pressure of the glaucomatous eye (Berens)

So the original cause of the haemorrhoidal swelling is a collection of allergic fluid localized in the haemorrhoidal area *and restrained* there under pressure It is this pressure which interferes with the outflow of the blood in the veins, causing them to become distended

When the 'food allergens are excluded from the diet, the local allergic process is resolved, the allergic fluid is released, the pressure obstructing the venous circulation is thus removed, and the whole mass disappears like snow before the sun

Overweight

Of all the problems that beset modern man and woman none consumes as much wasted effort, causes as much talk or generates as much self scorn as over weight

If you are overweight, not merely vanity, but your total state of health is at stake

Overweight, the bane of so many self-conscious women of tidy instincts, is often 'treated' medically, either with controlled starvation, or with a drug that may burn up excessive fat faster than even the obese person can plough it in

The fat woman is told that she eats too much, especially sweets, or that she is lazy or, more often both But medical science has found a fairer judgment, and a pleasanter way of relief for many women who are overweight

There is now convincing evidence that many cases of [illegible] and that when the

there without any restriction of the safe foods, includ ing starches sugars and fats

Little Miss M, age 50, found her physical activity uncomfortably limited by her moderate overweight of nearly 140 pounds But her daily struggle to negotiate the three flights of steps to her flat was not due alone to those excessive pounds

She suffered migraine (climaxed with vomiting)

marked tiredness, constipation, occasional dizziness sinusitis and, strangely, split finger nails which she did not mention until, after the pulse survey was completed, they had rapidly healed

Cow's milk was her worst allergen, but the others included cereals, all meats but pork (she can eat egg and also goat's milk), citrus fruit and cane sugar

In the first week of avoidance of these allergens all symptoms disappeared, and she lost four and a half pounds weight (probably water of allergic oedema)

Gradually, in the next four weeks, there was a further loss of three pounds, and ultimately her weight became stable at 9 stone 3½ pounds

One's first thought will be starvation (no cereals, no sugar) But there was not any starvation, Miss M never felt hungry, as she often had when she was fat She ate to her appetite's content of her many safe foods including potato, sweet potato, dates, peas beans and (notice this) beet sugar, which she could and did eat freely because she is not allergic to beet

So Miss M is proud of her health and her young figure Those three flights are to her merely a welcome means of exercise, and her advancing age holds no fears for her, because she knows that she has found the key to the prevention of its chief infirmities

Several other younger women have found the relief of their annoying overweight in the avoidance of their pulse-speeding food allergens These like Miss M turned to the new procedure primarily on account of

more urgent ailments, such as eczema of the hands, migraine and neuralgia Their return to normal weight was merely an extra dividend happily incidental to the disappearance of the other major and minor allergic symptoms

Even older women may be grateful beneficiaries of the reducing effects of the non allergic diet. Two such cases are instructive because the foods that they had to shun were not the fat producing foods

These women were over 70 years of age. Both were victims of tiredness and long standing constipation Other symptoms in Mrs P were heart attacks, fainting, chronic cough and chronic outbreaks of urticaria, in Mrs B there was indigestion and migratory neuralgia, with annual six week attacks of the common cold

After the successful pulse survey Mrs P was free from all listed symptoms and there was a 15 pound reduction of her weight to a constant normal level.

The quantity of her diet has since been regulated only by her appetite The food allergens that she must avoid are beef cow's milk, egg, corn, orange, olive, banana and yeast She eats all other cereals, potato and sugar without restriction

Mrs B's food allergens are cow's milk, citrus fruit, carrot spinach beet, asparagus, onion and nuts

Again, no ban against the 'fattening' starches and sweets! And *no restriction in quantity* Yet this woman lost 35 pounds of excessive weight to the great better

F

ment of her well being and physical activity not to mention the total recovery from her psychic depression as well as all her other symptoms This was in 1941 since which time there have been only occasional dietary lapses which have quickly brought their own punishment

Overweight is thought by some medical scientists to predispose to such serious conditions as angina pectoris high blood pressure and diabetes But now we see that such a theory amounts to charging one symptom of allergy against another

Overweight does not *cause* hypertension these two allergic conditions simply are often associated in the same allergic person and the pulse-dietary stands a worth while chance to dispel the fraternal ailments together

A disheartening pronouncement for the women of excessive girth comes from the archives of psychiatry They are told that overweight is a manifestation of a personality disturbance a neurosis to be treated according to psychiatric procedure Thus another allergic condition is being added to the list of psycho somatic disorders

If you are a fat man or a fat woman who may be tempted to consider that proposition I strongly urge *caveat emptor* first try counting off the pounds with your finger tips Discover what thing or things are causing your body to retain the extra weight Avoid them And watch the pounds go by

Epilepsy

The medical treatment of epilepsy is a sad chapter in modern medicine You read of such symptomatic treat ments as regulation of the bowels mental hygiene' and depressant or antispasmodic drugs which lessen the seizures in some but fog the mind in many others

Relatives are advised to keep the sufferer at home as long as economically and otherwise possible and when the breaking point is reached there is left only the hope abandoned refuge of those institutions where thous ands of others wait either for the mental blackout or for death

Mr F came to me for relief of his headaches indiges tion stiffening joints and marked abnormal tiredness He had an epileptic sister and as a young man he had suffered *grand mal* seizures But he was not aware of the numerous brief *petit mal* episodes which had been observed in him by his wife in the past 20 years His major food allergen is orange

About a month after he had stopped eating orange his wife told me for the first time about the epilepsy and stated that the seizures had ceased He has re mained free thereafter and all of his other symptoms departed at the same time Incidentally he lost 25 po [illegible]

Th [illegible] described elsewhere *in* this book The dramatic outcome in one of them (B B) is touchingly conveyed in the letter from his nurse to my friend S

November 18, 1941.

Dear S.:

But, I have wonderful news to report. B B. is cured under Dr Coca's treatment. It seems like a miracle, but he really acts like another person He had a 'mumbling' of speech at times, and it was difficult to understand him That has disappeared entirely, and he speaks very distinctly.

He gets up in the morning happy and singing with a clear mind He says he used to get up feeling confused. The other night he said he entered into a debate and found he could think very quickly and clearly, which he could not do before It was hard to think quickly

He also played football the other day – he hasn't done this for years – and felt no ill effects – he says he is 'as happy as a lark', and I am equally happy as I love the boy very much He is a fine person, but he was doomed – and now he is well It seems too wonderful to believe.

K R. (nurse)

Note from 'S'

'This epileptic boy has had a rather wide experience, having had brain-wave charts etc made, with many experts in New York and Boston, before this food-allergy idea was tried'

Eight epileptic persons have been given this full anti-allergic 'treatment', five having had the conservative

sympathectomy, and these eight have satisfactorily observed the indicated restrictions One of these, a 'mentally retarded' boy of seven, after a year's daily consultations must be counted at present a failure * In six the seizures are prevented by avoidance of the identified allergens, and they are controlled in the seventh by a small daily dose of Epanutin, which was not tolerated previous to the sympathectomy

Epileptic seizures can be prevented in the large majority of cases But by far the more important con clusion from these experiences is that a frequent cause of that dreadful affliction has at last been brought to light It is 'food allergy'

Urticaria

Urticaria is one of the most widely known allergic con ditions Its medical treatment, as described in some standard text books, reveals the general lack of know ledge of its cause

Among the listed excitants of urticaria we do find foods mentioned but only *certain* foods One author warns especially against shellfish strawberries, mush rooms, pork, nuts and, less urgently, cereals Neither

* The failure of the pulse dietary *procedure* in this case found ex planation or parallel in the complete failure of the method in all of 14 cases of epilepsy that were [illegible] Hospital N Y All of [illegible] pulse-dietary method [illegible] institution who were [illegible] The damage caused [illegible] appears to be irrevers[illegible] but not curable [illegible] may be *preventable*

will he allow his patients to eat egg, 'meats except lamb and poultry' (why these exceptions?) tomato, sweets, jellies, alcohol, tea or coffee. But such a list represents only a hit-or-miss shot-gun selection.

Incidentally his list of possible excitants includes table-salt (sodium chloride), which cannot cause any kind of allergy.

The books approve grandmother's castor oil treatment. They also offer vaccines, 'alkaline diet', bicarbonate of soda and various drugs. But the most remarkable measure is the withdrawal of blood from a vein of the patient, and injection of it into his buttock. (And strangely this sometimes helps!)

One author concludes that the medical treatment is purely symptomatic and unscientific, and that every effort should be made to determine the cause.

Well, the pulse-method is the tool with which the cause or causes of urticaria *can* now be discovered, and the results of its use have been gratifying and sometimes astonishing.

It is a mysterious fact that not all of an allergic person's food-allergens cause urticaria J. C.'s allergens are wheat, sugar and coffee; but his urticaria was caused only by coffee. Wheat and sugar caused only migraine and indigestion. C. G.'s allergens are wheat and beef, but only wheat causes urticaria.

Foodstuffs are not the only excitants of urticaria. A. McC.'s rest was ruined night after night by outbreaks of huge itching welts. It is noted elsewhere in this book

that as soon as dust proof coverings were applied to her bedding the nocturnal attacks ceased

Food-allergens

Long ago, the allergist Warren T. Vaughan reported that most allergic people blame their digestive troubles on the onion and cabbage. If his patient was allergic to egg the meal would 'repeat' as he called it; but it was not the egg he tasted in that event, it was the harmless onion or cabbage he had eaten with it.

Now when we look through the records of 100 food-allergic patients and list the foods to which each was found allergic with the use of the pulse reaction, we find that the most frequent excitants of the food-allergies are just the commonly eaten foods. This is indicated in the following table:

Food	*Number of persons allergic to it*	*Food*	*Number of persons allergic to it*	*Food*	*Number of persons allergic to it*
egg	33	tomato	19	fowl	15
wheat	30	banana	19	melon	14
white potato	30	onion	19	carrot	13
cow's milk	29	asparagus	19	sw potato	13
orange	29	cabbage	18	grape	12
beef	23	pork	18	peanut	12
pea bean	22	chocolate	17	pineapple	12
fish	20	lamb	17	beet, spinach	11
sugar cane	20	coffee	15	corn	10
plum	21	apple	15	yeast	9
				strawberry	6

Since these figures tell the number of affected persons among 100 tested, and since about 90 per cent of the

population are victims of food allergy, the figures represent approximately the percentage of the population who are allergic to the respective food For example, about 30 per cent of the people are allergic to egg and over 25 per cent to wheat, potato, milk and orange

The most acute allergic misery can be caused by very small quantities of some of these foods One extremely egg sensitive man could detect the egg in a dilution of 1 to 50,000 when a drop of it was placed on his tongue Even this weak solution caused an instant burning sensation, and his reaction always warned him in time to prevent him from swallowing food mixtures containing egg at the risk of a dangerous allergic shock

Asthmatic attacks have been caused by the mere fumes from frying bacon, even when the cooking was going on in a neighbouring apartment

One sensitive to sugar cane suffered his dizziness after swallowing less than one ten millionth of a milligram of the cane protein

Patient A had long enjoyed his strawberries 'frozen in sugar' They were his only tolerated fruit One day his customary brand went off the market, and very soon therefter he suffered a severe and continuing recurrence of one of his most fearsome allergic symptoms

The earlier attacks of hae

to be allergic but this one had to be of a different cause since *so far as he knew*, his diet had not changed

His wife solved the mystery first by recalling the

change in the package of berries and then by finding out that the new brand was packed most probably in the middle west with beet-sugar The patient is allergic to beet

The neighbours took over the rest of the frozen stock and patient A turned safely to fresh strawberries with cane sugar, to which he is not allergic

You are probably familiar with many of these food superstitions

People with 'weak digestion' are warned against *fried* food hard boiled egg too fresh bread pork, cheese coffee and other good things Boiled milk is said to be constipating and prunes laxative ice-cream according to one superstition should not be eaten with shellfish *Some would eat only soft foods* while others add bran and other roughage to the diet as stimulants of bowel activity

All of these ideas arise from experiences with the food allergic stomach and intestine The fried food phobia comes from an observer who could eat the boiled or roasted food with impunity, but not the same food if it was fried in a fat to which he was allergic Mr F accused the restaurant cook of poisoning the sausages which at home he ate without getting cramps

a fat to which he among a few other people happens to be allergic

Your *non-allergic* stomach digests the fried foods as

well as the boiled or broiled If you are allergic to prunes they may cause diarrhoea *for you*, then they are laxative

Hard boiled egg if normally chewed is easily digested, each particle becoming surrounded with a film of the digestive juice

That burning sensation of the stomach known as 'heartburn' may not be due to hyperacidity but to the allergic irritation of the lining membrane Tobacco smoke causes it in some tobacco allergic persons even when the stomach is practically empty, and then it may sometimes be first noticed after swallowing just a little pure water

'Bolting one's food' is universally condemned You don't need to read the Russian scientist Pavlov to believe that the digestive apparatus is healthfully stimulated by the more prolonged influence of the aromas, and the flavours of appetizing food as well as by the more thorough chewing of it However, the *non-allergic* stomach and other digestive organs are able and willing to manage even bolted food without symptomatic resentment

The point is that you should not try to humour your allergically sick insides with easily digestible, non irritating soft diets'

The secret of improved health and happier living rests in this simple formula stop abusing yourself with *your* particular *food poisons and other allergens*

You'll be happily pleased with the results

7

High Blood Pressure?

The layman may be excused if he blames his high blood pressure on some misbehaviour of his arteries But medical science has discovered a substance 'angiotonin which is liberated from the *kidney*, and is believed to cause a tightening of the arteries that results in the increase of pressure on the circulating blood

This can very well be true but, as you will now see, the *primary cause of the liberation of angiotonin which had eluded detection is 'food-allergy' affecting the kidney*

The circulation of the blood takes place within a closed elastic walled system composed of the heart and the blood vessels The blood fills the system to the point of slight stretching of its walls whereby the fluid is constantly under a pressure

The so-called diastolic pressure is that which exists

between the heart-beats. It was said by the physiologist, William H. Howell, to equal the pressure of a column of mercury 65 to 75 millimetres (2½ to 3 inches) high, in the normal man. The contraction of the heart puts a momentary additional 'pulse pressure' on the system, which increases the basic diastolic pressure up to 110 to 116 millimetres (4¼ to 4½ inches) of mercury. This is called the systolic pressure.

These two pressures are those found in the heavy-coated arteries. The pressure in the more thinly walled vein is usually unaffected by the pulse, and is lower.

The blood pressures recorded in medical practice are those of the arteries in the upper arm, and taking as an example the figures of Dr Howell, they are noted like this – 116/75.

The figures of Dr Howell are surely within the normal range, yet the limits of that range have not been determined. The reason for this is that abnormally high blood pressure is found in so large a proportion of adults, and even in some children.

Thus there have been no standards against which to judge whether a systolic pressure of 140 may actually represent the maximal figure of the normal range as some assume, or is a truly abnormal pressure. That is, whether it is always evidence of early hypertension.

It is not important to the individual's immediate health to decide whether a systolic pressure of 140 means the beginning of hypertension or not; because that and even considerably higher pressures can be

tolerated indefinitely in almost all persons without the slightest risk. Nevertheless the allergic patient with a pressure of 140 who is seeking relief from his itching eczema and migraine is agreeably impressed to see that pressure drop to 120 or even lower as his other symptoms disappear after he has eliminated his food allergens from his diet

Average blood pressures have been determined by numerous physicians in large groups of individuals but no practical use for such averages has come from those studies This is because hypertension was found in all groups in all circumstances of age sex and season And even opinion concerning the significance of pressures greater than 140 in student groups was evaded with the remark only time will tell what it is Well time has now caught up with the question and the answer is in your pulse rate

The idea that high blood pressure can be a consequence of food allergy did not come to me out of the blue It did not come as a hunch which I proceeded to investigate It arrived as a kind of *fait accompli* out of routine examinations of the blood pressure before and in the period of the dietary treatment of allergic symptoms in two patients

The first readings were not high enough (136 140) to rate as indications of hypertension but the pressure in the first case was distinctly higher than it had been on all the many occasions of earlier examination in that individual through his adult life of about 40 years

That fact stirred his curiosity, but only faintly, until after the exclusion of all his food allergens of the moment, the pressure dropped about 20 points, and remained there When the same sequence occurred in the second patient the idea was born, and the chase for proof was on

These two cases might be significant but more definite proof was required

First, the pulse dietary procedure had to be applied in an undoubted case of hypertension that is one of sufficient duration, in an elderly person with a blood pressure greater than 150/90

I found such a case in Mrs E A 60 years of age Her physicians for some time had warned her of her high pressure which sometimes reached 198/120 Sixteen days after avoidance of her major food allergens the pressure was 112/78

Second resumption of the eating of the food allergens must be followed by a rise in the pressure This happened also in the case of Mrs E A who abandoned her dietary restrictions on the 23rd day On the 26th day the pressure was 138/104 Return to her restrictions was again followed by a fall of the pressure, which gradually arrived at 114/74 Then she began eating one of her allergens wheat and again the pressure gradually increased to 142/84

She finally decided to stop eating wheat and in the next month the pressure sank gradually to 124/72

Third, the relief of the hypertension that follows the

anti allergic regime must hold as long as the treatment continues and for at least three to five years The treatment of Mrs E A began in 1941, and in spite of the steadily increasing demands on her energies in the making of sweets she feels and looks better than ever, and her pressure remains in the lower range, subject only to occasional minor lapses in her restrictions

The latest figures taken in 1954 are still 124/70

Fourth the treatment must be regularly effective depending on the identification of *all* the allergens This requirement was met in six other cases It was not met in the two persons in whom the allergens were not all identified

Fifth and finally, the proof which was gathered in the foregoing experiences had still to be tested by other competent unprejudiced observers This also has been done At first independently by Dr A Sumner Price, whose report is in the *Review of Gastroenterology*, 1943 10 233 and recently by Dr Milo G Meyer, reporting before the New York Academy of Sciences.

How can allergy cause hypertension?

For one half of the answer to this question we turn to the classical experiments of Dr H Goldblatt which have been solidly confirmed With the use of a specially designed small metal clamp Dr Goldblatt compressed the artery supplying the kidney of the dog so that the flow of blood through the organ was not stopped but only slowed The clamp was left in place for the remainder of the period of observation

If the flow was moderately retarded, the animal's blood-pressure was moderately increased. If the flow was still further retarded the blood-pressure rose still further, and there followed arteriosclerosis (hardening of the arteries) in different parts of the body, which is seen so regularly in the late stages of human hypertension.

Hypertension could also be produced in the dog if the blood current was slowed by compression of the kidney itself with a sac placed about the organ.

Now this promising line of research ended temporarily in a blind alley because laboratory scientists could not imagine any natural, physiological cause of the compression of all the blood-vessels of both kidneys in the hypertensive human being to compare with the Goldblatt experiment. Yet such a cause is not hard to imagine in terms of allergy. Let us examine this.

The weal of urticaria is a typical allergic manifestation, and certainly it is one that is familiar to many of us. The most important feature of the weal is not the *itching nor the red flare that often forms its periphery;* it is the *tense, pale,* swelling at the centre. The tenseness and the pallor are the effects of *internal pressure* caused by the collection of allergic oedematous fluid which is hindered from normal escape by some allergic obstruction. It is worth while to examine this fundamental phenomenon more closely.

Your normal body tissues are being constantly flushed with a fluid known as lymph. The lymph is

really derived from the blood being filtered through the walls of your smallest blood vessels by the force of the blood pressure The fluid has not the slightest red colour since the pores through which it is filtered are too minute for the escape of the red blood cells

Outside the blood vessels the lymph is normally pushed into the openings of another system of narrow channels known as lymph vessels These vessels join with others of their kind The system finally empties into one of the large veins

One important injurious effect of the allergic reaction is a local blockage of the lymph vessels

How this is brought about is not know but its effect is obvious As more fluid is filtered into the allergically involved area under the force of the blood pressure the pressure in the area finally become so great that no further filtration is possible This collection of lymph under restraint and internal pressure is now called oedema

When in such a situation all the allergens are avoided the reaction passes the allergic obstruction yields the fluid gradually escapes and normal conditions are restored with usually no lasting damage to the area

This important feature of internal pressure characterizes a number of the visually accessible manifestations of allergy (nasal asthmatic, ocular—glaucoma—meningeal as in migraine) Hence it is reasonable to surmise that allergy which has been proved to be at

least a common cause of human hypertension, produces that condition through the *internal pressure* of allergic oedema affecting both kidneys

This pressure slows the flow of blood through these organs, and so establishes the conditions of the Goldblatt experiment.

8

Tobacco Poisoning

Since the time of that famous quarrel between Pope Urban VIII and James I over tobacco-smoking, Lady Nicotine has been a subject of controversy, if the feeble struggle of her detractors against the overwhelming numbers of her devotees can be so named

The habitual smoker offends many a non smoker This objection is reflected in the 'no smoking' signs in some public places But recent scientific study has revealed a much more serious indictment of the American weed Tobacco turns out to be a powerful allergen affecting more than three fourths of the population

The damaging effects of smoking are presently being brought to public attention in front page sensational reports by investigators and 'science writers' They all seem to be wholly unaquainted with the *nature* of those damaging effects, though this has been reported in the

past by myself and by Dr Granville F Knight, of Santa Barbara, California Dr Knight is past President of the American Academy of Nutrition

A statistical survey covering 187,766 men between the ages of 25 and 70 has shown that the death rate of the smokers in that group was 75 per cent higher than that of non smokers

Had that survey been conducted by persons acquainted with the fundamental principles concern ing the new allergy, it would have been discovered (1) that between 8 000 and 10 000 of the whole group were by inheritance not allergic (2) that none of these had suffered either heart attacks or cancer (3) that the death rate in this non allergic group was relatively very low, the deaths being due largely to accident or infec tion and (4) that smoking had no deleterious effect on any of the non allergic group

Heart damage and cancer are but two of the more common dividends paid by cigarettes to their smokers

Many smokers are hard people to convince If you were handed a knife and I told you to cut your wrist a little each day or to dig its point into your stomach a quarter of an inch each week you would shudder and back away from me

Yet if you are a confirmed smoker you may be do ing more severe and lasting damage to yourself

Not all people are allergic to cigarettes of course But so many are that you owe it to yourself to test yourself

This is what one experiment with cigarettes revealed during pulse-dietary surveys Thirty-eight food allergic persons counted their pulse before and after they began the test usually by smoking a cigarette

Nineteen showed no significant change in their pulse count although some continued smoking for periods of fifteen minutes to one hour

The other 19 recorded increased rates occurring within a few minutes usually 3 to 6 minutes and some times even as soon as one minute

One man s rate increased from 85 to 119 within 6 minutes and the rate of one 11 year-old boy who had merely held a cold tobacco pipe in his mouth increased from 84 to 104 in 9 minutes

The allergic symptoms caused by tobacco are just as various as are those caused by any food allergen

A prominent chemical investigator who was colla borating with me upon the question of body-odours begged me to rescue him from his continual headaches tiredness nervous indigestion and recurring neuralgia

I advised him to make a preliminary survey of the pulse on his usual diet before undertaking the systema tic tests of single foods During this period he reluc tantly agreed not to smoke

At the end of one week he and his wife visited me both in a state of joyful excitement he was completely free from all his symptoms and restored to exuberant health and physical activity

Through the week on his regular varied diet his

pulse had remained between 68 and 78, a normal range. There were no food-allergens. However, his curiosity plus the habitual urge had led him on several evenings to make a test of a single cigarette. Each time his pulse ran far above its normal range, reaching 90 to 92. This effect wore off in the night.

The case seemed to be happily solved; but I was wrong. Some time later he gave me an evasive answer to my inquiry about his health. When I pressed him he confessed that he had resumed smoking, that since he now knew the cause of his symptoms they did not worry him. Besides, he said, he could practice 'modera tion' whenever they bit too deeply.

There has been a more gratifying outcome in the case of attractive 28-year-old Mrs S., who had long suffered from 'deadly tiredness', nervousness, fearfulness, constant 'chest colds', painful, crampy menstruation and constipation.

In the first two days of the tests her pulse-counts ranged from 60 to 104, with no extraordinary exertion From that time she was advised to stop smoking, after which the pulse gradually slowed to a maximum of 74 and a minimum of 70

No pulse-accelerating foods were discovered, but two tests with cigarette-smoking resulted in a rise of the pulse count within five minutes to 98 and 100 respectively.

After six weeks of avoiding tobacco, she reported 'feeling marvellous, unbelievable, no aches, that tired

feeling gone no morning mucus no fears sleep well and a painless period – first ever ' The colds had ceased and there was a gratifying nine pound gain of weight to 9 stone 1 lb (height 5 feet 6½ inches)

All of the physical and mental afflictions of this young woman including the painful periods had been attributed to nerves The modern medical $64 000 label for the lady s condition is psychoneurosis', but what she yearned for was not its name but its cause And that is just what she found out with her finger tips and her watch – in less than six weeks

A good variety of allergic symptoms have been proved to be caused by tobacco Some I have men tioned. There are others one of the most startling of which is epileptic seizure which has followed exposure to tobacco smoke in three subjects

In the first a girl of 11 years a *petit mal* reaction occurred within a few minutes after she began breath ing through the folds of a handkerchief into which cigarette smoke had just been blown

The second epileptic girl age 18 had had a limited sympathectomy which had left only a small list of food-allegens chiefly egg In the following three [illegible]

[illegible] she was heavily exposed at her apart ment to cigarette and cigar smoke Each time she suffered a seizure once without convulsion and once with typical grand mal convulsions On both occasions

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The young man has not smoked in the subsequent ten years and has faithfully observed his rather stringent dietary restrictions In that period there have been no seizures and he always assures me by the way, that his former unpleasant irritability has been replaced by an equable disposition

Another serious consequence of the allergic effect of tobacco is high blood pressure and heart attacks Physicians have long recognized the relationship of smoking to these conditions yet without ever suspecting its allergic nature Medical advice to their hypertensive patients is frequently 'less smoking' rather than total abstention

However, the advice to smoke less cannot stand up before the fact that blood pressure has been greatly increased following mere exposure to the smoke of others

On one occasion a hypertensive man went for an automobile drive with a cigar smoker, his previous diastolic blood pressures had been 74 and 78, but one hour and a half after the drive that pressure stood at 96 and after four and a half hours it was 100

Surprisingly small quantities of tobacco smoke are capable of upsetting its allergic victims in many ways A smoker s overcoat or even his breath when not smoking may convey cruel and somewhat prolonged distress to his allergic host – heartburn diarrhoea smarting eyes and many others

It is worth bearing in mind that this same considera

the seizure occurred very soon, in about a half hour, after the exposure to the smoke.

The third epileptic patient, a man of thirty years, came for help in 1941, in danger of losing his advanced position in a large corporation. His vice-president told me that *if I failed* the young man was ruined, because he was having seizures in public places, and soon would be *forced into an institution*.

When I explained to him the new method of identifying the causes of the seizures he readily agreed deliberately to induce a 'spell' with one of his allergens. This he did eight months later without advance word to me, and he chose for his experiment tobacco, which had caused a pulse rise to 102 in the single test, and which in the meantime, along with his numerous food-allergens, had been strictly avoided.

He began smoking on a Thursday. On waking Saturday he was *gratified* to notice sensations which he *recognized as those formerly presaging a seizure*. He resumed smoking, and in the mid-afternoon fell in a major convulsive seizure, in which he was attended by a nearby physician.

I can never recall the quiet, purposeful courage marking that lonely act without a misty eye and a grateful heart. Doubtless this will stand in medical history as one of the first experimental productions of allergic epilepsy in man. It is matched only in the case of a younger *boy who twice at six-monthly intervals* deliberately induced a major seizure by eating wheat.

moody, melancholic, extremely irritable, and given to hysterical weeping spells. She was afflicted also with [illegible] diarrhoea. [illegible] n. staying at home under her doctor's orders. X-ray examination showed nothing abnormal, but that favourable information only depressed her because she knew that something *was very wrong* with her health, and the X-ray had merely failed to show what it was.

She tried the doctor's prescription hopefully for a while, but lost four pounds weight in a few weeks, reaching a low of 6 stone 10 lb. (with a height of 5 feet and 1¾ inches). Then she refused medication.

Finally a psychiatrist was called in, mainly to persuade the girl to take her medicine. He made a valiant effort, but in vain.

On one occasion as she was sitting quietly by a table reading, she suddenly experienced a violent hysterical attack that seemed to come upon her out of the blue. As she rose from her chair she noticed a visitor's half-burned cigar on an ash-tray by her elbow, but no thought of its allergic significance occurred to her till later when she took the tobacco test. Her father is a constant pipe-smoker.

At long last she was enticed into the home of relatives who do not smoke, and who persuaded her against her scepticism to take the pulse survey. On the third day, having found nothing in a varied diet that disturbed her pulse, she tested tobacco (cigarette). As she

tion applies also to other air-carried allergic excitants. The following shorthand notes taken out of a letter from a correspondent impresses this fact:

> Bill Jones thinks it was the liquor Joe Jinks served last night that knocked his stomach for a loop the next morning, whereas it was the smoke of Hank Hawkins' cigar John Q Manager comes home with his nerves on edge, appetite off, and blames it on the strain of his job It is the dense atmosphere in the smoker during his card game on the 5 15 Bessie Bargain is knocked out after a day of shopping in the city It wasn't the work she did but the exhaust fumes of the buses

These unstudied imaginary illustrations strike close to actual occurrences in the allergist's experience.

A nurse exquisitely sensitive to cat hair was unable to visit her mother's home because of the family cat So the mother made the long trip to see her daughter. Immediately after her arrival the nurse began to suffer an asthmatic attack which lasted three days; that is, until all the mother's clothes had been cleared of the cat hairs she had brought with her.

Although many allergic persons have come for the pulse dietary survey for a particular major symptom such as asthma, hypertension, eczema, diabetes or migraine, the whole symptomatic picture in most of them adds up to one of 'psychoneurosis' or 'psychosomatic disorder'. Only a few of those persons had consulted a psychiatrist, but the story of one of those who had done so is of startling significance. I call it the case of Dad's tobacco-pipe.

G. F., a highly intelligent, beautiful brunette of 24 years, ordinarily of a cheerful, friendly nature, became

9

The 'House Dust' Problem

There are people who are allergic not to any food, but only to a substance they inhale More, these substances are sometimes harder to avoid than the food allergens

We have talked about tobacco Another substance to which many people are allergic is bedding or uphol stery dust, etc This has been loosely classified as 'house dust though it is something quite apart from the dust that you breathe in the street, or that which flows into your home through an open window

The inhaled allergens have been known to cause many of the symptoms also caused by food allergens Specifically, I can cite cases of asthma, stuffy nose, headache neuralgia arthritis disseminated sclerosis, diarrhoea eczema and hypertension that have resulted from house-dust allergy

There is a product called *Dust-Seal* produced especi

began to smoke the count was 72, in three minutes it stood at 92, and she stopped smoking

When this result was reported to her father he immediately got rid of his smoking outfit and forbade anyone else to smoke in the house On the fourth day G F went home, and on the eighth she reported a gain of two pounds, and 'the appetite of a horse She had found a new position, and was restored in body and spirit, knowing now what had really been the matter with her and how to correct it G F 's jinx did not come from her 'nerves' but from Dad's tobacco pipe

The allergy *to tobacco, affecting* at least three fourths of the population, according to a more recent estimate by Dr Granville F Knight, must one day rate as a public *health* problem

For the proper performance of the 'smoking test' it is necessary, *first*, to establish the normal pulse range in the individual, *secondly*, to choose a time for the test when the pulse is within the limits of that normal range Count the pulse before beginning to smoke and five times at three minute intervals while smoking

If the pulse does not rise within 15 minutes above its normal maximum the individual is not allergic to tobacco and will not be harmed by it

'Sniff tests' of other inhaled allergens (powders scrapings, gasoline perfume) can be similarly made

continue to pervade the atmosphere of the home yet the dust *allergen* is practically absent in those particles

In consideration of these facts the conclusion was reached that the house dust allergen does not represent any physical or chemical product of the fabrics constituting house furnishings and that the dust allergen is produced by some unidentified micro organism which grows in the fabrics

It was in 1948 that the seemingly hopeless battle against the mysterious dust allergen was simply and inexpensively won Here is the story of the last round

The closing up of bed mattresses pillows cushions and the stuffing of upholstered furniture with dust proof covers had brought relief to some dust sensitive persons But many other victims especially asthmatic persons and those afflicted with high blood pressure

additional measure of avoidance by living in his enclosed sun porch and had to leave the house altogether during the house-cleaning operations The asthmatic woman suffered attacks of difficult breathing whenever the vacuum cleaner or dust cloth was in use

It was the friendly altruistic advice of a representative of a ventilating company that manufactures a well known filter for home and office protection against hay fever pollens which led to the use of an air filter to clear the atmosphere in the house from dust

As soon as the filter was installed the symptoms were

ally to relieve this problem and obtainable from Messrs John Bell & Croyden, 50 Wigmore Street London W 1, which I have found produces excellent results in certain cases

There are some people who are allergic only to 'house dust' There are others to whom a house dust' allergy is a secondary thing which only becomes a clear health danger when the food allergens have been discovered and avoided for a time

You may wonder that I enclose the term house dust' in quotes This is because I want to avoid misleading you I don't want you to assume that house dust' refers to the myriad bits of household fabrics which swarm in the atmosphere of the home, eventually congregating on polished flat surfaces or drifting into corners or under beds That this impression is incorrect is indicated by the following

1 In the first study of the house dust' allergen the substance was not found (by extraction) in new unused furnishings

2 It is specifically the same substance whether it is found in cotton or wool or in other fabrics

3 The substance is not found in outdoor dust and is present in negligible quantity in dust collected with a vacuum in an uncarpeted hall

4 The allergen appears in mattresses and other furnishings *after* they have been in household use

5 *After all the reservoirs of the house dust allergen* have been locked up with 'Dust-Seal, dust particles

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The person with high blood pressure still had to seek additional measure of avoidance by living in his enclosed sun porch and had to leave the house altogether during the house-cleaning operations The asthmatic woman suffered attacks of difficult breathing whenever the vacuum cleaner or dust cloth was in use

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5 After all the reservoirs of the house dust allergen have been locked up with 'Dust Seal dust *particles*

by the way, are ordinarily not excitants of allergy) the routine house-cleaning is perceptibly lightened through the dust-catching property of Dust-Seal.

So at least, the difficult problem of avoidance of the dust allergen has been solved with a minimum of expense and inconvenience This development increases the prospect of the successful use of the pulse-dietary course in the control of both high blood pressure and bronchial asthma, as well as many other allergic symptoms of dust sensitivity

The subsequent eight year experiences with the use of Dust-Seal have revealed unexpected facts relating to dust sensitivity

The first observed manifestations of allergy to dust were those affecting the respiratory tract asthma and the symptoms resembling 'hay fever' In such cases the specific sensitivity to dust could often be confirmed with the familiar skin tests carried out with extracts of dust that had been collected with a vacuum cleaner

The discovery of the allergic pulse reaction (acceleration) permitted the recognition of dust sensitivity in persons in whom the skin test is negative

For example if the pulse is markedly quickened following a f [illegible]

[illegible] this can throw strong suspicion upon dust as an allergic trouble maker

With the use of such criteria a number of instances have been encountered in which 'house-dust' was the

greatly relieved, and mankind was brought a good step nearer the final solution of the dust problem

The filter was useful, marvellously so in some cases, but it had some drawbacks It was too expensive for some families It encroached, inconveniently in some homes, on precious space It was not automatic in operation, and had to be turned on *and* off at different times, depending on the household activities It fell short, sometimes seriously, of the perfection of the dust proof covers in holding the dust allergen at the source of its production

It seemed likely that the principal remaining source of the atmosphere dust allergen was the carpets and rugs But how to seal off these obviously uncoverable dust reservoirs? By a lucky coincidence the means for the solution of this problem was at hand

I have referred to a product named Dust-Seal Dust Seal consists of a highly diluted milk white emulsion which is applied to rugs and carpets etc It causes no stickiness of the fabric, and leaves no visible traces

To the frightened sufferers from high blood pressure or asthma due to dust sensitivity, the immediate relief following this treatment with Dust-Seal has been truly magical And there are other benefits The air filter is made quite superfluous because the dust allergen being immobilized at its source or perhaps no longer produced there, does not get into the air at all

In communities that are not troubled with excessive coal dust or smoke or other extraneous dusts (*which*

He was willing to accept this finding as an indication of probable dust sensitivity and on the following day he applied Dust-Seal to his bedding and other furniture in his apartment That night he slept elsewhere and vomited as usual In the several years since his return to his apartment he has vomited only twice once after helping his sister move her furniture and again after staying overnight at a relative s apartment

Mr X is a sensitive cultured gentleman successful in business his retirement not very distant His one weakness spoiled his otherwise pleasant outlook he was a compulsive secret drinker – a subject of alcoholism

Mr X s married daughter who has been thoroughly indocrinated in the pulse-dietary procedure recently told me the following

For a number of years my father had been a secret compulsive drinker although he never drank to the point of visible inebriation He never drank socially probably not wishing to appear interested in alcoholic beverages Through the previous four or five years I noticed that he never drank in his Florida bungalow which was scantily furnished and widely ventilated In Florida also his disposition was noticeably better than it was in his heavily furnished northern home

In the Spring of 195~ he had to stay for a time in my home which had been thoroughly Dust-Sealed. So long as he was with us he had no desire to drink and this observation taken together with the similar ones that I had made each year in Florida suggested to my

sole cause of the allergic symptoms, and in some of these cases the symptoms were not respiratory. The following case histories are astonishing examples.

Mr B., age 74, had suffered through the past ten years from an eczematoid condition which since 1949 affected his feet and legs so severely that he was unable to wear shoes, and had to change his socks frequently because of the exudation from the swollen, fissured skin.

He was found not to be allergic to any food excepting the cabbage family and onion, which he never ate because they caused migraine headache.

Smoking did not affect his pulse, and by these exclusions 'house-dust' was left as the only suspect. Bedding and house furnishings were Dust-Sealed, and immediately his pulse-range dropped four points. Within a few weeks the eczematous lesions were healed, and he could wear shoes. There has been no recurrence.

Mr W., age 32, suddenly began in November 1951 to have daily attacks of painless vomiting. Thorough X-ray and other examinations in two U.S. Marine Hospitals revealed no organic abnormalities. It was noticed that the attacks were more frequent (as many as four times) on a Sunday when he remained at home. There were no food sensitivities, and he was not pulse-sensitive to tobacco.

On his first visit to my office Mr W. brought with him a pulse record covering two days. The 'retiring' count one evening was 70, but on waking next morning he found that the rate before getting out of bed was 74.

The protective action of Dust-Seal is long lasting, not having yielded in rugs under constant use in a period of four and a half years after a thorough application The treatment also extends the life of the fabrics

Only one instance of allergic sensitivity to Dust-Seal itself has been reported, while several cases of such sensitivity to the dust proof plastic covers have been observed

House-dust sensitivity has been found to affect so large a proportion of the population—more than fifty per cent—that manufacturers of bedding, rugs and upholstered furniture may be forced by popular demand to include Dust-Sealing as routine in the manufacture

This idea has already been put in successful practice in America by the Ideal Toy Corporation in their manufacture of soft toys under the trade name 'Algy'. Asthmatic children known to be allergic to dust have had to be deprived of their Teddy Bears and dolls Such [illegible]

[illegible] as a cause of allergic symptoms It has not been found necessary for any 'dust sensitive' person to Dust-Seal the clothing *

* An asthmatic boy who is extremely allergic to sheep's wool suffered severe asthma on the first occasion of his wearing a fleece lined overcoat The coat was then immersed in Dust Seal and dried Thereafter the boy has worn the coat without the slightest symptom of any kind

allergy conditioned mind that my father might be aller gic to 'house dust' and that his craving for alcohol might be allergic

'Without telling him why I was doing it I asked him to let me Dust Seal his home, to which he agreed, being aware of the benefit of Dust-Sealing to the health of my family

'I Dust Sealed his home in March 1952, since which time he has drunk secretly only once – on the day when he had been working with an old untreated bed mattress *The craving has disappeared, and it does not return when he drinks socially*

Dr A , whose blood pressure nearly ten years ago had reached a high point of 202/122, had reduced it to an average of 134 5/74 first through avoidance of pulse accelerating foods and tobacco smoke, then through the control of 'house dust' in his home with Dust-Seal and a plastic mattress-cover

Recently he undertook to test the dust restraining efficiency of Dust Seal mattress ticking

As a preliminary control he unzippered the plastic cover and drew it half way down Sleeping on the un covered mattress three nights he found the blood pres sure in the morning 158/80, 170/90 and 166/92 respec tively Thus he proved again that there was something *in his mattress* which caused his high blood pressure Then he had the mattress covered with the Dust-Sealed ticking, and his blood pressure after three successive night was 120/76, 120/62 and 122/60

escape those disabilities is pitifully slim (Or should I say *has* been slim because now a much better chance has come within your choice as a result of what you have read in this book)

Let us see which of the disabilities of old age' are part of the normal biological ageing process and which are symptoms or effects of preventable disease

It has been said that chronic nephritis cerebral haemorrhage (stroke) diseases of the arteries and heart attacks are typical of the ageing process

This is indeed a discouraging conclusion According to the authoritative statistics these degenerative conditions are already observable in the age group under 20 In fact nearly three per cent of the deaths occurring in that group are due to those conditions Yet to say that those children die of old age' would seem sufficiently to expose the *reductio ad absurdum*

Experiences with the pulse survey have thrown a bright new light on this important question They have shown us that the so-called degenerative conditions of old age are not inevitable

Since the first reports ten years ago of the dietary control of high blood pressure by Dr A Sumner Price and the author the accumulative evidence has pointed more clearly to the change in the problem of that dread affliction The counsel of passive resignation has now been replaced with the aggressive watch words spot your allergens and eliminate them Salvation for the hypersensitive now lies at his finger tips

10

You Are Younger Than You Think

Most persons desire to prolong life as long as they can Even when its pains are greater than its pleasures and comforts, most of us cling to life, and hope somehow that death will pass us by Justice Oliver Wendell Holmes said, 'to live is to function,' and this is the sense in which most of us use the term life in our desire to prolong it

How many of us think (only half seriously sometimes, to be sure) that we were better dead than blind or crippled or the victim of, say, leprosy? But few are the suicides among lepers

You and I then wish for a postponement of the inescapable We always do so with the hope that we'll be spared the common disabilities and restrictions of old age So long as we are alive, we wish to 'live'

And, 'there's the rub' For the chance that you can

them will still be living and well at 79 who otherwise would have died Of all who now die between the ages of 50 and 60 about 40 per cent could expect an extension of at least twenty years

However this programme would not offer a mere extension of existence but a continuation of active pleasurable *living*

Here is a case in point

Mrs B at 72 was a tired old woman spending much of her time in bed deprived of much of her social pleasure and rather suspecting she would not be alive when her only son returned from Africa That was ten years ago

In her first interview with me she grasped the idea that in the new procedure she was not to play the passive role of the guinea pig but that of an active participant She was to perform each test herself and she was to be required to discuss each result and to know the reason for every decision

She left looking tired but determined and she pushed the tests to completion in three weeks Her food allergens were easily dispensable – milk citrus fruit carrot beet asparagus and onion

Now ten years later and what a change! The pains are forgotten her unwanted fat is gone That tired look in her eyes has been replaced with a sparkle of interest in life and living in going and doing and in the lesser questions of her wardrobe – a reliable sign that old age is still a good way off Such is the picture

Two later reports greatly strengthen this conclusion. One came recently from Dr Milo G. Meyer. It contained a list of 24 cured cases observed over a year. The second came from Dr Walter Kempner, and it is of special interest because Dr Kempner had applied the method of dietary restriction without realizing the anti-allergic effect of what he was doing.

He limited his patients' diet to rice, fruit-juices, sugar, vitamins and iron. Improvement (lowering of the pressure) was noted in about 60 per cent of the cases. This selection of foods is known as the 'rice-diet' and in fact, Dr Kempner attributed the improvement to the positive curative action of some mysterious constituent of rice.

However, it was not the eating of rice which lowered the blood-pressure, but the avoidance of all of the commonest food-allergens. It has long been known that rice is one of the weakest and least common excitants of allergy. Among food-allergic persons 55 per cent are not allergic to rice, fruit-juices and sugar, a figure close to the 60 per cent reported by Dr Kempner.

Statistics show that dietary control of heart attacks and high blood pressure with its customary involvement of the kidneys (cardiovascular-renal disease) would extend the life span of a very great number of our people.

If 100,000 persons should be given the benefits of the pulse-survey from the age of say 16 years, and should adhere to their dietary restrictions, at least 25,000 of

them will still be living and well at 79, who otherwise would have died. Of all who now die between the ages of 50 and 60 about 40 per cent could expect an extension of at least twenty years.

However, this programme would not offer a mere extension of existence, but a continuation of active pleasurable *living*.

Here is a case in point.

Mrs B. at 72 was a tired old woman spending much of her time in bed; deprived of much of her social pleasure, and rather suspecting she would not be alive when her only son returned from Africa. That was ten years ago.

In her first interview with me she grasped the idea that in the new procedure she was not to play the passive role of the guinea-pig, but that of an active participant. She was to perform each test herself, and she was to be required to discuss each result and to know the reason for every decision.

She left looking tired but determined, and she pushed the tests to completion in three weeks. Her food-allergens were easily dispensable – milk, citrus fruit, carrot, beet, asparagus and onion.

Now, ten years later and what a change! The pains are forgotten, her unwanted fat is gone. That tired look in her eyes has been replaced with a sparkle of interest in life and living, in going and doing, and in the lesser questions of her wardrobe – a reliable sign that old age is still a good way off. Such is the picture

of gracious ageing in one who has escaped the claws of food allergy She was younger than she feared

This method of allergen avoidance which prevents death by heart attacks, stroke and uraemic coma, also prevents the miseries and limitations of old age's other allergic conditions

The migraine of middle life tends to lessen, or it may disappear, without diet control, but ordinarily old age carries with it the tired feeling indigestion, constipation, nervousness and 'stuffy' nose of earlier years

To these are likely to be added neuralgic, rheumatic and arthritic pain and overweight with the often associated aversion to physical activity Still to be studied with the new method is gout, which is already under suspicion as a manifestation of allergy

A common complaint that is akin to those just mentioned is that 'aching back'

Old Dr A is delighted at the cessation of his recurring attacks of lumbago after he had completed his pulse survey, but what really amazes him is his complete freedom from the formerly invariable stiffness when he takes a notion to defy his 70 years with a turn of mowing or snow shovelling

Not only has he no more of the stiffness, but the exercise brings the desired sense of physical well being and an enhanced interest in the next mealtime

High among the incidence of disease of old age is cancer One of the alleged disadvantages of a long life is the likelihood of one's arriving at the cancer age

However, it is interesting and maybe significant that among men the deaths from cancer per hundred between 90 and 100 are only one-third those between 60 and 70 And it is worth noting I believe, that the same relationship exists in the case of diabetes, which is probably allergic

These figures could suggest that most of those susceptible to these two conditions have died before they have reached 90

The new knowledge of the importance the cause and the methods of controlling and eliminating inheritable allergic disease gives us an encouraging view of the future happiness and longevity of mankind

In the 'promised land of human freedom from inheritable disease, we can expect that both the normal ageing process and the end of life itself will be painless

The problem of old age will surely change when the new knowledge of food allergy is put to universal use Instead of planning for the care of the 'aged, we shall have to find the work for them which they will certainly demand in their emancipation from the allergic handicap

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cine that when such symptoms appear from such secondary factors some allergists tell the patient merely to avoid the physical cause, as though it were primary

It is a common experience that the normal or the allergic person can be conditioned to tolerate these stimuli by repeated exposures to them if the repetitions do not follow at too short intervals Thus by gradually lowering the temperature of the daily shower bath you can arrive at a tolerance of the 'cold shower even at its winter temperature

If allergic symptoms – usually urticaria or asthma - are excited by exposure to cold (water or air) the toler ance to cold can be increased in some of these person and thereafter exposure to cold within the limit of th increased tolerance will not cause those symptoms

It is known that if you show physical allergy' yo are really allergic to some foods or inhalants

If then the physical excitants of your allergic sym toms can act only upon your allergically abnormal ti sues you can expect that if you discover and avoid you allergic excitants the so-called 'physical allergy' will r longer exist

The truth of this is shown in a case of bronchi asthma in a young woman who before the dietary dia nosis, suffered severe asthmatic attacks on exposure cold air and also under *excitement* Only four foo caused acceleration of her pulse and when these we avoided her asthma ceased and excitement and ex sure to cold air no longer brought on attacks

II

Explorations in Pulse-Dietary Therapy

Psychoneurosis, Alcoholism, Disseminated Sclerosis

Your skin is the landscape of your body. It can exude inner health and beauty, or it can reflect the struggle of your system against its allergies

The skin of some allergic persons is so sensitive to scratching that if you draw a line on it with a fingernail a pale welt bordered with a bright red flush appears. This phenomenon is called dermographism The same thing happens with some other allergic persons' skin after a piece of ice is laid on it

These allergic reactions are, of course, caused by secondary factors The secondary factors may be physical or psychic By physical I mean things like mechanical irritation (scratching, rubbing), heat, cold, sunlight and exertion

It is an understandable error of symptomatic medi-

cine that when such symptoms appear from such secondary factors some allergists tell the patient merely to avoid the physical cause as though it were primary

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It is known that if you show physical allergy you are really allergic to some foods or inhalants

If then the physical excitants of your allergic symptoms can act only upon your allergically abnormal tissues you can expect that if you discover and avoid your allergic excitants the so-called physical allergy will no longer exist

The truth of this is shown in a case of bronchial asthma in a young woman who before the dietary diagnosis, suffered severe asthmatic attacks on exposure to cold air and also under *excitement* Only four foods caused acceleration of her pulse and when these were avoided her asthma ceased and excitement and exposure to cold air no longer brought on attacks

This illustration of the psychic influence (excitement) in 'food allergy' brings us to the consideration of the 'psychic' secondary factor This is more important to our understanding of many medical phenomena than the several 'physical' factors

Warren T Vaughan, in his book *Practice of Allergy* cites a number of cases out of his own observations, and some contributed by 'friends' that show the 'psychogenic' factors that start allergic symptoms For example

1 A young woman who suffered from urticaria only at widely separated occasions, at each of which she was emotionally upset by the distasteful attentions of a suitor

2 A man who had three outbreaks of urticaria, each one after emotional disturbance caused by his wife s unfaithfulness

Vaughan did not apply the (at that time unknown) pulse dietary method of detecting the food allergic primary excitants of the urticaria in these two cases Hence, the emotional disturbances seemed to be the only cause of the attacks

A third case contributed by Dr French K Hansel reveals clearly the true relations

Hansel's patient was allergic to wheat This caused migraine when eaten liberally but did not if eaten 'in moderation' However even when wheat was being eaten in a *'customary amount' an attack of migraine* could be brought on by an 'emotional upset' Total

avoidance of wheat was followed by cessation of all migraine attacks

The highly important lesson to be drawn from this discussion of the secondary factors in food allergy is that these factors are effective only on the basis of an already existing food allergic irritation of the tissues

The noted Spanish allergist B Sanchez Cuenca has named this irritable state of the tissues allergic tension

In short these experiences suggest that allergic symptoms are never purely psychogenic The instances that seem to contradict this conclusion have probably not been adequately studied with the specific methods that are now available

Psychologically influences not only may precipitate allergic symptoms they may paradoxically also do away with them altogether – if only for a limited time This is illustrated in the following case I observed

A man had suffered severe migraine attacks at about bi weekly intervals for many years These came with spells of dizziness tiredness indigestion and more recently a recurring blind spot in one eye caused by an internal urticaria on the retina

He was advised on several occasions to take a West Indian cruise for his health Each time all of these allergic symptoms disappeared a few days after he set out But they came back again in full force not long after his return This man was later found to be allergic to all but one food hence his varied diet on board ship

This illustration of the psychic influence (excitement) in food allergy brings us to the consideration of the psychic secondary factor This is more important to our understanding of many medical phenomena than the several physical factors

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psycho-analytic treatment failed, but who has been freed of her trouble by anti allergic treatment

K. T., a woman of 26 years, came for consultation in what she said was her final effort to obtain medical help If this failed, she was contemplating suicide. A valued employee of a large insurance company in New York, she had been sent to psychiatrists, and finally to a mental hospital, where she remained for two months under psycho-analytic treatment Her symptoms were recurrent nausea, constipation, neuralgia, 'fluttery heart', marked abnormal tiredness, severe attacks of dizziness, weeping spells and psychic depression The psychiatric diagnosis was 'nervous and emotional instability—incurable'

The diversions at the hospital caused a moderate improvement in her general health She put on weight and felt less depressed However, the attacks of dizziness continued, and on her return they interfered so seriously with her work that she faced the loss of her position

Her doctor had recommended injections of a bacterial vaccine, and she noticed that her symptoms, especially the dizziness, were always worse after an injection It was this observation that caused her to consult me When I explained the possibly allergic cause of her illness she eagerly agreed to try the pulse-dietary procedure

As soon as she had begun to avoid her chief food-allergens, all of her symptoms ceased However, several

could not have been limited, by chance, to non allergic foods

The only circumstances to which the sudden complete freedom from his allergic symptoms could be credited were the change in his environment and associates, and his release from numerous pressing responsibilities, these being replaced by daily changing programmes of recreation – in short, primarily psychological influences

The fundamentally allergic nature of the man's symptoms was finally demonstrated through the pulse dietary method His condition was relieved by sympathectomy followed by observance of a moderately restricted diet

The cases I have cited are representative of many similar ones They occur constantly in the experience of medical practitioners and specialists especially neurologists and psychiatrists

There are two general classifications into which the psychiatrist can place the great majority of his patients Into the first goes the psychoneurotic patient described as being in contact with reality, and into the second goes the psychotic individual who is described as living in and dealing with unreality The latter has created and moved into a world of fantasy with its delusions and hallucinations, which he has great difficulty in distinguishing from real life Such are the insane

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suspect a psychological factor in this woman's symptoms One evening she sent John to the kitchen refrigerator for a glass of her distilled water which has never affected her About ten minutes thereafter she had a short dizzy spell

'John are you sure that was the distilled water you brought me?'

Sure thing – why?'

'Will you please check John, I m curious' John found the distilled water bottle on the table – empty The bottle in the refrigerator which he had used con tained tap-water

The patient reports one interesting difference between her present accidentally or sometimes deliber ately induced attacks and those experienced formerly 'Now' she says, 'I suffer no depression because I know the cause of the attack"

The pulse-dietary tests should be made the first step in the examination of every patient being studied for mental defects

The use of the procedure of psychoanalysis would seem to represent a modern refinement of our old acquaintance – symptomatic treatment Moreover, it is reasonable to assume that nearly all of those patients who are now being treated with that method are in need of the new anti allergic treatment with which their chances of permanent recovery seem excellent

My purpose is not to condemn the practice of psychoanalysis but to call attention to what may be the

important foods later showed themselves as minor allergens that had to be avoided, leaving her ultimately with an inadequate diet She had to resort to a sympathectomy, after which the list of her food allergens was so greatly reduced that an entirely satisfactory diet became available

Here is the considerable list of the food allergens that were identified previous to the nerve operation The items in capital letters are those which could be eaten *in unlimited quantity after the operation without* the slightest perceptible allergic reaction As soon as she was sure that she was cured she married, and is now the happy mother of two daughters

Group 1 (major)	*Group 2 (medium)*	*Group 3 (minor)*
BEEF	tomato	CANE SUGAR
orange	RICE	potato
WHEAT	OAT	banana
grapefruit	RYE	STRAWBERRY
lemon	CORN	
PLUM	coffee	
	ONION	

After she had made the pulse survey following her operation she became aware of a previously unidentified allergen which caused moderate spells of dizziness This she herself discovered to be something in the local water *supply*

There have been other reports of such cases

Recently that particular allergen figured in an episode which should impress any reader who may still

The first two instances of pronounced irritability that came to my particular notice should interest those who are concerned with the problems of industrial and domestic human relations.

Mr K., the epileptic man who has been mentioned earlier (p. 98) as having induced a seizure by smoking, is the chief of a group of employees in a large manufacturing company. Long after he was sure that his epilepsy was a thing of the past, at his discretion, he reported with astonishment that whereas he had had constant difficulties with his men on account of his marked irritability, his relations with them since he began to control his allergy had become entirely satisfactory. He had 'lost the *tendency* to become irritable', and he asked whether this tendency might be an allergic symptom

Mrs B., aged 50, head of a group of employees in a large pharmaceutical company, could not 'get along with [illegible]

po [illegible]

her, and sincerely mourned her 'uncontrolled temper'.

Her chief allergic symptoms were constant headache, marked physical tiredness and neuralgia, all of which vanished as soon as she began to avoid her two pulse-accelerating foods, wheat and pork. Several months later she told me that her irritability had departed with the symptoms, and she asked whether that was also 'allergic'. Through the succeeding five years

primary physical causes of mental effects which the psychiatrist treats on the mental plane. If the primary cause is physical its treatment should be physical and in such a case psychiatric treatment can be harmful as a primary measure

If for any of the reasons that have been mentioned the anti allergic procedure should fail to discover all of the physical excitants of the mental or nervous symptoms, or if the avoidance of those excitants should seem impracticable, then one may resort to psychiatry, though, one should think, with dampened enthusiasm

Many a victim of allergic psychoneurosis wakes on the morning after heavy indulgence in one or more of his food allergens with a sensation of anxiety or even fright, or in a state of angry irritability accompanied with fatigue

In either case he usually does not recall what he ate the night before, but tries, often with success to remember anything he could be anxious or frightened about, or anybody who had offended him But our associates and their acts do not *make* us angry It is our food allergy that upsets our equanimity and arouses our anger, and we take it out on our associates

After the allergy is eliminated we find ourselves simply incapable of anger, even under heavy provocation

Experience with the pulse dietary means of disease prevention has brought out the important conclusion that irritability is not a normal human quality, but a preventable manifestation of idioblaptic allergy

matter has stated that 'alcoholism cannot be cured', and goes on to say that although many subjects are able to abstain entirely from alcoholic drinks none can drink socially without yielding to the craving which persists However, this was before the publication of a report in which the specific allergic cause of alcoholism was demonstrated and with it the means of its 'cure' (see case report of Mr X, pp 109–10)

Disseminated sclerosis

Disseminated sclerosis is a progressive paralytic disease of the central nervous system It is rated as 'incurable' In fact one professor of neurology, after he had read the report of many years of freedom from the disease, produced by three widely separated physicians with the use of the pulse-dietary and other anti allergic procedures objected in all seriousness to the favourable report of the preventive treatment, on the ground that no one else had succeeded with other kinds of treat ment in restoring victims of disseminated sclerosis 'to a physical and economic state which is functionally useful

This criticism suggests that if the reported cases were 'cured they were not subjects of disseminated sclerosis

One is led by such an attitude to wonder what the researchers in disseminated sclerosis are looking for if they will not believe that a prevention of it is possible

After Dr Milo G Meyer of Michigan City, Indiana, had led the way with his successful use of anti allergic

of my communication with her she positively maintained that she had entirely 'lost the capacity to become irritated', either at work or at home

It seems reasonable to assume that the cause of irritability and of 'tantrums' in the child or adult is one and the same At any rate Dr Susan Dees in Duke University has reported evidence of the allergic nature of tantrums in children

A six year-old girl was the victim of violent tantrums She was found by her physician to be pulse sensitive to so many foods that the nerve operation was required After that only one substance (something in 'hot-dog') brought on a spell of tantrum in the child Otherwise she is a quite normally behaved girl

Alcoholism

The most easily understood definition of 'alcoholism' in the sense in which it is to be discussed here is that it represents a *craving* for alcoholic beverage as distinguished from a pleasurable taste for it

The alcoholic person is a *compulsive* drinker This condition is recognized by authorities as a symptomatic entity, the diagnostic signs of which may be listed as follows

1 Drinking alone
2 Drinking habitually in the morning
3 'Black-out' episodes

Not all compulsive drinkers indulge to the point of actual drunkenness One outstanding authority on this

pathectomy, whereas 20 per cent of the usual cases with other symptoms (migraine, asthma, eczema etc) require that operation And about 80 per cent of severely affected epileptics have needed it

These facts were brought to the attention of a society which professes a special interest in disseminated sclerosis, but thus far the directors have not seen fit to put the life saving procedure to work for the benefit of the otherwise hopelessly affected thousands

In fact, the medical advisory board of the society in regular meetings were unanimously of the opinion that the preventive pulse-dietary procedure is without merit It should be emphasized that they did not consider it necessary to *try* the method before condemning it

prevention in disseminated sclerosis, I was most pleased to have the opportunity to follow him with a case of disseminated sclerosis who had been given up as hopeless by the authorities at the Neurological Institute in New York City

At least those experts had no doubt that the man had disseminated sclerosis and the patient himself now at his job for several years in a machine shop, and occasionally driving a truck, is convinced that he has been restored to a functionally and economically useful state

The immediate cause of the man's disease was his allergy to cigarettes which he smoked end to end through the day He was not allergic to the common foods though his pulse was affected by some ingredient of a locally produced sausage

A smoking test of only two inhaled puffs carried his pulse to 92 in five minutes, whereupon he swore off the weed for his life (in the two senses) Five days later he could get downstairs without holding the banister and he could play ball with his son's bat which previously he could not even hold up There has been no recurrence of the disease in the subsequent four years

It is one of the many mysterious facts concerning the newly defined allergic disease that in the victims of disseminated sclerosis the allergy itself is regularly present *in its least severe degree* Only one of the twenty cases that have been examined with the pulse-dietary method has been sensitive to so many foods as to need a sym

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In fact the medical advisory board of the society in regular meetings were unanimously of the opinion that the preventive pulse-dietary procedure is without merit It should be emphasized that they did not consider it necessary to *try* the method before condemning it

prevention in disseminated sclerosis I was most pleased to have the opportunity to follow him with a case of disseminated sclerosis who had been given up as hopeless by the authorities at the Neurological Institute in New York City

At least those experts had no doubt that the man had disseminated sclerosis, and the patient himself now at his job for several years in a machine shop and occasionally driving a truck, is convinced that he has been restored to a functionally and economically useful state

The immediate cause of the man's disease was his allergy to cigarettes which he smoked end to end through the day He was not allergic to the common foods, though his pulse was affected by some ingredient of a locally produced sausage

A smoking test of only two inhaled puffs carried his pulse to 92 in five minutes, whereupon he swore off the weed for his life (in the two senses) Five days later he could get downstairs without holding the banister, and he could play ball with his son's bat which previously he could not even hold up There has been no recurrence of the disease in the subsequent four years

It is one of the many mysterious facts concerning the newly defined allergic disease that in the victims of disseminated sclerosis the allergy itself is regularly present *in its least severe degree* Only one of the twenty cases that have been examined with the pulse-dietary method has been sensitive to so many foods as to need a sym

The error in all of these assumptions was neatly exposed in the report by Drs Paul and Freese of their investigation of the common cold in the small community of Longyear City in Spitsbergen

In Longyear City common colds are not prevalent in the autumn winter and spring as they are in continental communities but they occur in epidemic form each summer These annual epidemics begin about 48 hours following the arrival in late May of the first boat from the Norwegian mainland from which the city has been isolated throughout the autumn winter and spring About 90 per cent of the 507 inhabitants – that is all the susceptible persons – are ultimately affected

From this account of the occurrence of the common cold in Longyear City the following conclusions reasonably appear

1 Common colds in Longyear City cannot be caused by exposure to draughts changes of temperature fatigue or indulgence in alcohol

2 Common colds in Longyear City cannot be caused by bacteria normally inhabiting the respiratory tract of the people there This second conclusion is supported by the finding of the investigators that the bacteria present in the mouths of the inhabitants in the cold months of isolation are not significantly different from those present in the summer when colds are prevalent

Contrast this negative result with the fact that in bacterial infections such as diphtheria pneumonia

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'You Don't Catch Colds–You Eat Them'

('We know more about radio activity than we do about colds,' from The Official U S Government Booklet *Survival Under Atomic Attack*)

What do you know about *your* colds?

Outstanding among the items of 'knowledge' concerning the common cold are the wide misconceptions about this most prevalent of all infections These misconceptions are held and spread not only by the laity, but also by some members of the medical profession

Among these misconceptions is one which says the common cold may be caused by exposure to draughts or changes in room temperature or by fatigue, or the excessive use of alcoholic beverages, or the breathing of irritating dust, or by various bacteria normally inhabiting the respiratory tract

wonder-drugs The sulfa drugs and penicillin have been found useless in the viral infections studied so far

The viruses invade the tissues more deeply than do the bacteria, entering even the nucleus of the body cells Within the tissue-cells the viruses are safe from the destructive or at least neutralizing action of a protective serum because the serum is unable to penetrate the cells quickly enough if at all to exert a curative effect

It is for these reasons that the serum treatment of rabies and infantile paralysis (both viral infections) has failed and that the prospect of any such treatment of the common cold would be discouraging even if the cold virus had been cultivated or if an easily available cold susceptible animal were known in which a protective serum could be produced

From these considerations it is seen that you cannot hope for a solution to the physically and economically serious problem of the common cold in drugs or injections

Antiseptic gargles and sprays and medicated tablets are only palliative at best, and the first two are believed sometimes to help spread the infection The benefits of vaccines vitamins laxatives and exercise are slight

However, the problem has at last been solved, and in a most unexpected way The first step was taken by an experienced investigator of medical biology, Arthur P Locke

Dr Locke observed differences among rabbits in their

scarlet fever, typhoid fever and the others the respective causative bacteria are regularly demonstrable in the infected tissues, and usually as the predominant micro-organism

3 The common cold must be infectious, each affected person having acquired the infection from another affected person The particular infectious micro-organism of the common cold is brought to the city in late May by the first boatload of passengers, and it dies out there in the late summer

When competent investigators consistently fail to cultivate special bacteria from the infected tissues in an evidently infectious disease this usually points to some virus or much less commonly Rickettsia * as the infectious agent

The well known experiments of Dochez and his associates and those of P H Long and his co workers pointed directly to a virus as the cause of the common cold

Among the qualified medical scientists then there is a general impression that the excitant cause of the common cold is of the nature of the ultramicroscopic virus For this reason it is of interest to acquaint ourselves with the peculiarities of these minute enemies of man

The viruses are not nearly so susceptible as the bacteria to the common antiseptics or to some of the new

* Rickettsia micro organisms discovered by Dr Ricketts of a size between virus and bacteria Typhus is caused by Rickettsia

I had had definitely fewer and milder colds than ever before

Throughout my adult life I had gone to bed for five or six days three or four times each year while the cold germs travelled in their devilishly leisurely tempo from my throat to the uttermost reaches of sinuses and bronchial tubes wringing water out of me at every step, while lately my annual quota was one attack, with only one or two really bad days I credited the improvement to the oil

At last having some spare time, I staged a large scale gargling experiment among 400 cold susceptibles through four months of autumn and winter To my disgust the control group who did *not gargle* had fewer colds than those who did!

The intuitive (?) solution to the mystery came from Mrs Coca my severest critic She offered, 'Maybe you have fewer colds because you have been controlling your food allergy' And the material was ready for the test of her suggestion We begin the next day

Of the 825 employees, 99 (Locke's 12 per cent) had not had a cold in three years Fifty two of these were interviewed and about eighty per cent (and most of their parents) were found to be non allergic, whereas about ninety per cent of the cold susceptible group of fifty-one persons were allergic

It was evident upon that statistical finding that if one is free from allergy one is likely also to be free from the common cold

susceptibility to the germs of pneumonia (pneumococcus) He discovered that the more resistant rabbits were those that recovered their normal temperatures after a brief immersion in cool water within an optimal range of time – not too quickly nor too slowly

He saw in this observation a possible explanation of the well known fact that some persons never have colds while most of us have one or more every year and his studies in human beings brilliantly confirmed his anticipations

Dr Locke could show that persons who are not susceptible to the common cold recover more quickly from violent exercise and from the effect of breathing air containing five per cent carbonic acid gas than persons who are cold susceptible

Locke proved in other words that the cold susceptible person suffers from a general physical handicap that renders him susceptible to an infection to which the physically fit person is immune Physical fitness in the sense of Locke is not of course synonymous with superior muscular development since many athletic people are very susceptible to colds

The nature of the physical handicap postulated by Locke was revealed in my statistical study of the common cold and of food allergy in 825 employees at Lederle Laboratories

I began my study on the basis of a mistaken conclusion For several years I had gargled faithfully with a powerfully antiseptic Australian oil and in that period

ever, once the infection is established and is full-blown, such exposures do aggravate the condition, sometimes markedly.

2. Your common cold is an infectious disease probably caused by a virus of low virulence (Locke), which is incapable of causing death by itself, although it often prepares the way for other much more serious, even fatal, infections such as pneumonia.

3. Your common cold can develop only after association with a person who carried the infective virus. However, the term 'association' applies also in those frequent occasions when the susceptible individual breathes air in a place that has recently been visited by an infected person. Under favourable conditions the air may contain living and infectious cold-virus. Those favourable conditions in the case of other agents of respiratory infection are cold and humidity, both of which are commonly prevalent in autumn, winter and spring.

(It was observed many years ago by Richard P. Strong and Oscar Teague that bacteria sprayed into dry, warm atmosphere died in a few minutes, whereas if they were sprayed into a cold, humid atmosphere they remained alive, suspended in the air for as long as an hour and a half.)

4. The virus of the common cold has not been cultivated; hence there is no immunizing *vaccine for* your common cold. The acquired immunty to the virus that is present at the time of recovery from an attack is

This striking relationship of 'food allergy' to susceptibility to colds was then confirmed by Dr Locke and his associates in an extensive study of the students at Stevens College for women at Columbia Missouri The physical handicap of Locke turns out to be the effects of 'food allergy' Thus one is justified in entertaining the possibility that since, in the large majority of instances 'food allergy' is the most important predisposing cause of common cold, the personal or genetic elimination of 'food allergy' will be followed by freedom from colds

This possibility has already been realized in a number of 'food allergic' persons who were formerly very susceptible to colds, not only as to frequency (several each year) but also as to severity (one to several weeks' confinement to bed or house) After avoidance of all allergic food poisons was practised they have had no more colds This in spite of continued close association with persons severely affected with colds

The predisposition to colds is not an ineradicable handicap in the 'food allergic' person It comes and goes with our allergic episodes and we have only to show the door to our allergies through the use of the pulse key in order to bid farewell to the commonest and most expensive of all infections

We are now able to summarize the problem of the common cold as follows

1 *Your common cold is not caused by exposure to draughts chilling or changes of temperature How*

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Beauty At Your Fingertips

A number of allergic conditions offend the sensibilities of society, and cause humiliation in those who suffer from them Some have been discussed elsewhere in this book Overweight, underweight and stammering (which is sometimes unpleasantly aggravated by the accompanying facial twitching) can be corrected through the procedure of allergen avoidance

These disabilities are annoying, but there are others still more distressing to many sensitive men as well as women These are the disfiguring allergic affections of the skin

Mr F, a prominent business man tolerated his occasional headaches, his neuralgia, tiredness and indigestion with resignation What drove him to the specialists' offices was his red, scaly fingers, which caused him acute embarrassment when meeting strangers

relatively very brief (weeks' or months' duration

5 The virus of your common cold is not perceptibly affected by antiseptics in the usual concentrations as in gargles or sprays, nor by the newer drugs so far as is known

6 If you are free from 'food allergy' you will enjoy an absolute natural immunity to the virus of the common cold

vere allergic symptoms was afflicted every winter
ith chapped hands and face (especially the lips) and
racked finger nails The fissured thickened skin at the
ides of his finger nails bled unless they were protected
ith collodion His feet were constantly cold and were
occasionally frostbitten His skin was always sallow It
was also excessively oily presenting a constant succes-
sion of blackheads some of enormous bulk

This cheerless picture is rounded out by the fact that Mr A s hair at 66 was rapidly deserting him

One year later he had controlled his food allergy, and the picture was immediately reversed His skin became pink, his hands and lips do not chap nor crack in winter, his nails remain smooth and also pink his feet stay warm in the coldest weather there is no excessive oil in the skin and blackheads are rare

Not only is he losing no more hair, but actually there is very slow growth of *new* hair – which is black It seems reasonable to suppose that the correction of the allergy may have halted the circulatory starvation of the hair follicles and the loss of hair However, one need not be so optimistic as to expect the new *method* to cure baldness which is known to be due in some cases to causes other than allergy Once the hair follicle (root) is starved to death there can be no recovery

Mr V at the end of a rather strenuous but faithfully conducted pulse survey which revealed sixteen food allergens found himself free from his headaches, asthma and tiredness

'I hate having to shake hands with new business acquaintances,' he complained 'I know some of them suspect the eruption as catching.'

Two weeks after his first interview with me he reported that the skin was generally clear, and two years later the hands were still quite clear though slightly pinker than normal He had been avoiding yeast (as in bread and beer), and also all meats excepting fowl When he made his last test of beef it was immediately followed by a 'bad outbreak of the eczema' That lesson seems to have convinced him

Before Mr F came for the pulse survey he had consulted a well known allergist who skin tested him and curiously reported him *not* allergic to beef, lamb, nor yeast On the other hand the skin test would have him allergic to chocolate, which he eats without the slightest disturbance of skin or pulse Again, we see that whereas the skin test in indispensable in hay fever, it is unreliable in food allergy

The skin, which is properly rated by medical science as an important organ, and not merely a protective covering, is variously affected by food allergy A common effect of the disease is some interference with the capillary circulation which, for one thing, deprives the skin of its natural ruddy colour, leaving a sallow, 'pasty' hue, even in warm weather with some persons, and this depletion of the blood supply may adversely affect the hair and nails as well as the sweat and oil glands

Mr A, who has been a life long victim of numerous

severe allergic symptoms was afflicted every winter with chapped hands and face (especially the lips) and cracked finger nails The fissured thickened skin at the sides of his finger nails bled unless they were protected with collodion His feet were constantly cold and were occasionally frostbitten His skin was always sallow It was also excessively oily, presenting a constant succes sion of blackheads some of enormous bulk.

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ever running nor her secret unhappiness, which was caused by her continual tiredness and recurring head aches

So I was astonished when she came to me one morn ing looking forlorn and discouraged

'Will you help me?' she begged 'I am worried about myself – I m afraid I'm no good, I ll just be a drag on my husband And look at my nose!'

Cold?' I asked

'No it's this way most of the time, and I think it's worse whenever I am in company'

The pulse survey was quickly and luckily completed, the single culprit was egg and avoidance of it was immediately followed by the disappearance of tiredness and headaches

One day she came in sniffling and dejected 'When did this begin? I questioned.

'A little while ago'

'How is the pulse?'

'92'

'No egg?'

'No egg'

'What have you been doing?' After some thought she replied with a question 'Could this possibly be due to lipstick? I put it on just an hour ago'

'I don't know' I said. 'Let's see, take it off' Within an hour after she had done a careful job of cleaning, her pulse was down to her normal rate, and her nose was dry

One month later he reported with evident satisfaction that the acne also was gone, and with it the very annoying excessive oiliness of his skin

Miss M 's case has been described in the discussion of overweight (p 73) One of the gratifying results of her pulse survey was the complete healing of her constantly cracked nails

Mrs Mc a dancer, could correct her pallid complexion with cosmetic art, but she was concerned over the rough patch on her left cheek It did not rate as an eczema it was merely an unsightly blemish to her – something she got from Mother and Dad

Mrs Mc did not ask for the pulse survey on account of her complexion but because of recurrent attacks of 'blindness' Those attacks ceased after the completion of the tests and so have her fears but I imagine that secretly she takes greater satisfaction from the improved colour of her skin and the now faultless surface of her left cheek

The runny nose can spoil one s appearance whatever its excitant-cause but the first instance in illustration has the added interest of being caused by a cosmetic material – lipstick

Vivacious little Miss P had a ready smile and a friendly word for all of us in the office She was expecting to marry her naval officer a year thence and her cup should have been running over with anticipated happiness But I had not noticed her nose which was for

ever running nor her secret unhappiness, which was caused by her continual tiredness and recurring head aches

So I was astonished when she came to me one morn ing looking forlorn and discouraged

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Some Problems You May Encounter

I have been advised to include this chapter by my former laboratory associate (E L C) who has had much experience in the interpretation of pulse-dietary records, and who has read the first portion of the manuscript. She says, 'The pulse survey as it is described is made to sound easier than it is, some readers will try to apply it to themselves, and they will be disillusioned when they encounter some of its difficulties'

This criticism is fair, and it has support in the fact that some lay people already have read my technical monograph and have indeed applied the method to themselves or their relatives They succeeded too, but only because the monograph discusses the difficulties fully, and more important, because they are endowed with conspicuously more than average open mindedness and determination

The lipstick she had used was not her regular brand, but an expensive, widely known brand name. I succeeded in obtaining the twelve different ingredients of the product from the company, and easily identified number 6 as the trouble-maker. Application of that substance caused a rapid pulse and the runny nose. Her regular brand did not affect her at all.

I reported the results to the manufacturers, suggesting that they try to get along without the offending ingredient. They refused, saying that they had had 'no other complaints'.

J. F. models in clay. Imagine a clay-modeller trying to contend with a runny nose! Before her emancipation through the pulse-survey she spoke as though through an inexpertly applied gag. Add to these disturbances her headaches, tiredness and constipation, and you have the picture of a case of so-called 'psychosomatic disorders'.

The pulse-survey incriminated lamb, chicken, egg, potato, tomato, citrus fruit, chocolate, coffee and tea. Egg was the most vicious offender. A single indulgence was followed by an 'attack' that resembled a bad cold and lasted five or six days.

This is the tenth year since she learned how to regulate her health with her finger-tips and her watch, and keep her nose dry.

substantially exceeded on the next day. J. G.'s first test of wheat (the major cause of his migraine) pushed his pulse to 90 twice in that day. In the evening the count dropped to a normal 74, but the next morning (although he ate no wheat) it shot suddenly to 100, quickly falling again to 74.

Temporarily lost sensitivity (delayed reaction)

This remarkable phenomenon, which is mentioned elsewhere in this book, is often confusing. It has been described by other writers, but I did not know of it until it appeared in an asthmatic young woman in her first test of orange. She had not eaten the fruit in recent weeks, so she celebrated her renewed acquaintance with it by continuing the test at each meal for two days.

On the second day headache began, and her pulse rose rapidly to 104. She was then 'full of orange', and her reaction lasted three days. Fortunately she had not made any new tests in those two days and so was able to recognize the orange as the cause of her prolonged reaction.

This experience illustrates the necessity of testing each new food at least twice within *two or*, better, three days. The longer the interval since the previous eating of a food the more often it should be retested, because the temporarily lost sensitivity is longer getting back.

Let us pause here to consider the question of the possible appearance of *new* food-sensitivities in adults.

Some of the difficulties that one could encounter are due to misunderstandings Thus, some persons cannot see any reason for counting the pulse *before* eating some have snacks or soft drinks, or chew gum between meals without making any kind of record, some report having eaten soup or goulash or salad without noting the ingredients

One man, after assuring me that he understood the principle of the *five single food meals* applied it in the following manner He ate five substantial meals to each of which he added the particular food to be tested To my complaint that he had misunderstood the instructions he huffed, 'I don't think you know what you're doing,' and signed off

But there are several intrinsic difficulties attaching to the pulse-survey which will now be described

The carry-over

This phenomenon is seen in both the pulse and the symptoms When C G ate wheat which was the only cause of her urticaria her elevated pulse-rise and the urticaria persisted for two and a half days after she had stopped the wheat In some persons the reaction may last five or six days This carry-over effect often interferes with the interpretation of any other tests made in that period

A disturbing feature of the carry-over effect is its erratic course There is not a gradual descent from the initial high point Indeed the initial rise is sometimes

emerged – cane sugar, potato, banana, berries and aluminium

The word 'emerged' is used to indicate not new sensitivities but the appearance of already existing weak sensitivities which had been covered up by more powerful ones It may be said that the effect of the major allergens on the susceptible tissues renders these tolerant for a time toward the much weaker action of the minor ones

Wheat is usually major over rice, rye and oat, but maize is independent of the other cereals, that is many persons must avoid all cereals but maize while some can eat all cereals except maize Sensitivity to cane sugar is frequent, and seems to run rather with maize-sensitivity

It is the minor allergen that can be eaten at intervals of a week or more with impunity (Dr Sumner Price)

Some persons seem to be affected only by minor allergens at least some are sensitive to only one or two allergens which can be eaten safely at intervals The same food may be 'major' in one person, but 'minor' in another

The several instances of sensitivity to aluminium that I have seen became apparent only after the major excitants had been identified and avoided. But the first report of such sensitivity came from Drs Tchijevsky and Tchijevskaya in Moscow, concerning a long standing case of colitis in which aluminium appeared to be the sole allergen for the colitis was 'cured' by a

We do not become allergic to a particular food that has always agreed with us by eating unusually large quantities of it, or eating it more often. The foods to which we are allergic were predetermined in our inheritance, and the allergy is established soon after our first exposure to them. Indeed, some observations suggest that effective exposure to food proteins may be had before birth by way of the mother's blood.

However, it seems illogical to warn expectant mothers not to eat 'too much' (whatever that may mean) of any one food for fear of making her baby allergic to it. If the child is destined by inheritance to become allergic to a certain food it would appear to matter little whether the first exposure to that food occurs before birth or shortly thereafter.

The major and minor allergens

Some allergens are more powerful than others. What is meant by more powerful and less powerful – major and minor – allergens?

K. T., one of our most instructive cases, was found in the first survey to be allergic to wheat, beef, citrus fruit and plum family.

After avoiding these foods she was quite well for a few months, but then suffered a gradual return of her dizziness, tiredness and other symptoms which were again dispelled by avoidance of the other cereals, tomato, coffee and onion. The next interval of freedom lasted about one month when another crop of allergens

careful study of my monograph *Familial Nonreaginic Food Allergy*, *especially the chapter on Practical Management and the six succeeding chapters

Finally I would again draw special attention to the most dependable evidence that the survey has been successful.

You will know that you have achieved success if, under the daily fourteen-count routine, the highest count is within one, or at the most two, pulse beats of the same figure every day for five days – and if you are without symptoms

* Published by Charles C Thomas distributed by Lyle Stuart of 225 Lafayette Street New York 12 N Y U S A

mere change from aluminium cooking utensils to enamel or glassware.

Sensitivity to a large number of important foods

I will discuss this difficulty in connection with the conservative sympathectomy. This has been found to be a simple and dependable way out of that otherwise intolerable dilemma. It is the recognition of the nature of the difficulty that will stump the amateur when he first meets it; in which case he may gracefully acknowledge his need of expert assistance.

Inhalants

This difficulty I have already discussed elsewhere. I have a not very scientific impression that the inhalants, excepting tobacco, are likely to be minor allergens, which begin to bite after the pulse is nearly (but not quite) stabilized. In this situation one should suspect bedding-dust, and should note whether the pulse tends to be higher just before rising than it was before retiring.

The public and the principles

May I add that I am in favour of encouraging the public to study the principles and difficulties of the pulse-survey, and to *try* to apply them in the solving of their own allergic ailments.

To the beginner, layman or doctor, who makes up his mind to master the new technique, I recommend

careful study of my monograph *Familial Nonreaginic Food-Allergy*; *especially the chapter on Practical Management and the six succeeding chapters.

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Breaking Through the Nerve Barrier

Often I am asked, 'Is it possible for the pulse survey to fail?' The answer is that there are exceptions to the rules, but that a way to cope with them has been found

You have a sympathetic nervous system It consists of a double chain of massive nerve tissue, with nerve connections extending up and down the right and left sides of the spinal column from the neck to the end of the spine It performs its duties largely independently of your brain and spinal cord, hence its other name, the 'autonomic' nervous system

The tasks which your sympathetic nerves perform appear to be local For example, the paralysis or removal of one or more of the sympathetic nerve ganglia stops perspiration, not of the whole skin, but only of the area of skin supplied by the particular nerves involved in the operation

Removal of a sympathetic nerve ganglion or injections of alcohol into it has been sometimes followed by the lasting improvement of a number of different disabilities of unknown cause Among these is hypertension

The long range results of sympathectomy alone in hypertension are pitifully disappointing – only about six per cent of the patients maintaining improvement after 3 to 5 years according to a recent report Nevertheless the operation in a dreadfully radical form that costs 6 to 10 weeks of hospitalization and 6 to 10 weeks of convalescence' is in reputable standing among the medical fraternity It is justified as being 'better than nothing

Because they accept the theory of the local functions of the sympathetic nerves most surgeons believe that the favourable effects of sympathectomy in the few cases of hypertension result from some local influence upon the kidneys The kidneys are suspected as the origin of that disease

This concept of local action of the sympathetic nerves is contradicted by the experience of every surgeon who has used the lumbar operation (removal of sympathetic ganglia in the back at about the level of the kidneys) These surgeons all report that if the patient has been a sufferer from recurrent headaches the headaches promptly disappear after the operation This is true even when the hypertension is unchanged or actually increases

Here, then, is an established fact that cannot be made to fit into the theory of a local action of the operation, it points instead to a constitutional effect which is consistent with other indications that *recurrent headaches of all degrees are practically always allergic*

The surgeons were and indeed are yet unaware of this fact Strangely, they still refuse to use the operation for the relief of recurrent headache, however severe, unless it is associated with hypertension

I began my study of the anti allergic effect of sympathectomy after I had a hunch My hunch was mothered by my own persistent case of personal allergy

The symptoms I suffered included, besides all the eleven common ones, the frightening one of frequent, temporary loss of memory Hypertension had not yet arrived – it was due a few months later

I had learned to escape all of those symptoms by mere avoidance of the 'food allergens', but had not learned to live contentedly on beef alone – *the only food to which I was not allergic*

My hunch was unsteadily balanced on two legs (1) I knew that my trouble was allergic and (2) I was convinced that hypertension is a consequence of allergy

I had just learned that sympathectomy is without any effect in experimental hypertension induced in animals with mechanical means So I reasoned that if human hypertension is sometimes relieved by sympathectomy (fortunately I did not know how seldom), and if experimental hypertension is not then the favourable effect of

the operation could be against the primary cause of the high blood pressure in man – that is against the allergy

The hunch had barely been born when I reached for the telephone and located a former student who had become a master of the art of surgery and was experienced in sympathectomies

He listened to me Then he announced that since my idea was new and unblessed by medical authority I would have to accept full responsibility in writing My enthusiasm at my possible relief from the operation was not diminished by his doubt so I went to the operating table full of impatience to get to the first test meal after it and quite forgot the possible risk I knew was connected with the procedure

The result was a marvellous confirmation of my expectations Within 48 hours I was eating without any restrictions and was free from all allergic symptoms Secondary problems of serious importance were to develop later I will get to these presently

Five more of my patients at the time were allergically in the same situation All foods or nearly all affected them When they learned the operation had immediate beneficial effects with me they all asked for it The surgeon was willing to oblige – again on my responsibility Trouble followed almost immediately

The three epileptics among them suffered as many seizures as before The psychoneurotic girl was as dizzy and tired and depressed as ever And the little old hypertensive lady complained that I had only added

post-operative 'nerve pain' to her previous symptoms One of the epileptic patients settled our relations and his future permanently by having himself taken from a nearby police station back to the institution where he had been

Yet in spite of this initial disaster all of the other four have been for several years free from their earlier 'tragic' condition (tragic no longer), or at least able to control those symptoms at will

How was this accomplished?

Before my convalescence was completed, I knew that the operation, though beneficial, had not cured me I had to find out why

My next experiment was to test the effect of more extensive surgery, the operation which had been limited to the right sympathetic chain was repeated upon the left side The answer was prompt and rudely negative, the day after the second operation I knew I was no better But I also was happily aware that I could probably save all my future patients the suffering and expense of the usual second stage of the lumbar sympathectomy

During the months in which I was recovering from the second operation I did some thinking It was obvious that some of my food allergens remained active But it was also obvious that I could eat many other foods to which I was now no longer allergic

I hoped the same results could be had by the other four patients

All were willing to try

Success was ours in all cases Even the two epileptic girls have solved their food-allergen problems They now enjoy a satisfactory diet

With the pulse test, all five of us have found that we are now able to eat many of the foods we had to avoid before the operation

Fortunately, no exception to this experience has yet been found Whenever a patient's list of food allergens is oppressive, limited sympathectomy* is suggested The operation has always added many foods to the list of those that can be safely eaten

* The expressio [illegible] ined
The popular ra [illegible] force
of a major hea [illegible] this
But the simple [illegible] neuro-
surgeon described it to the parents of one of my young epileptic patients as less formidable than tonsil removal [illegible]
ecto [illegible]
on [illegible]
day [illegible]
bea [illegible]

16

Pulse-Dietary and the Doctors

Does the pulse dietary technique fit into the present day medical practice of the general practitioner?

The consensus of those of my acquaintances who have tried it is that as things are now, it does not There are several understandable reasons for this conclusion

1 Few medical practitioners can spare the time to acquire the considerable experience that is necessary to enable them to interpret the pulse-dietary record.

2 After the first 3 hour educational consultation, the procedure is conducted in daily or more frequent con sultations by telephone which can be properly carried on only by the doctor or a trained assistant that few afford This requirement tends to keep the doctor in the vicinity of his telephone and interferes sometimes seriously, with his office practice The more the doctor extends the practice of pulse-dietary disease preven

tion, the less time he has for his normal methods of diagnosis and treatment He is forced to become a specialist

3 The people for their part cannot be easily persuaded to abandon their habit of demanding symptomatic relief of their ailments – with a pill, a 'shot' or the knife

Some would rather be ill than give up a favourite food, cigarette or perfume, and some refuse the tests, preferring not even to know their food poisons

In short, because your doctor has been trained and conditioned to treat your symptoms along orthodox lines, he will have a natural and understandable resistance to embracing this new and radically different approach There must be medical men willing to pioneer in this field and they must be willing to do it soon Therein lies the hope

If you have read this far, you no doubt have adequate intelligence for a trial of the method on yourself

But what will your family doctor say? What will his reaction be?

He will rightly disapprove it if he thinks it means that the sick person is to diagnose his illness without any medical counsel Such a man is the well known patient who 'has a fool for a doctor', and he isn't the man to whom the idea is offered

The man or woman we have in mind *has* consulted not only his family doctor, but various specialists near and far He has learned, sometimes at huge expense,

that his chronic cough is *not* tubercular, that his recurring migraine headaches are *not* caused by a tumour of his brain, that the repeated occurrence of complete loss of his voice is not due to a growth that his indigestion his urticaria, his constipation and his haemorrhoids are *not serious conditions*

His doctors often begrudge the precious time this man demands from them after they have exhausted the list of pills and palliatives without relieving him Some even tell him bluntly but honestly, 'Don't come back, I can't help you'

It is this man who has a new fighting chance if he turns to the pulse dietary method of finding the cause *of his illness He needs intelligence and a bull-dog* determination to pursue his special problem to a conclusion

He has the assurance that there is nothing immediately serious the matter with him' and he does not need to be told that the systematic search for and avoidance of the foods which affect his pulse and make him ill is not likely to harm him

After he has stabilized his pulse by avoidance of his food allergens there is time to take his list of safe' foods to his doctor for advice regarding the iron calcium and vitamin-content and nutritive balance of his diet He will not be censured for self medication since the pulse-dietary course does not represent a 'treatment' at all, but a fact finding investigation of the individual s allergic sensitivities

The findings do often indicate measures which may be considered as treatment For example, if the patient is found to be allergic to many foods the conservative sympathectomy must be considered

Some day, inevitably, the medical practitioner will come to view the pulse dietary survey as a means of lightening the sometimes crushing burden of his practice But the day of his deliverance will have to be postponed until that procedure has become available to his patients through the establishment of diagnostic centres under private and State management

The doctor has long been accustomed to the use of such technical service, which already includes X ray (diagnostic and therapeutic) chemical and other examinations of blood spinal fluid, stomach-contents, sputum urine, cutaneous and other special tests too numerous to mention

The mere equipment needed for all such technical services would dwarf the doctor's consultation rooms, and would require a sizeable staff of technicians to use it and keep it in order The medical practitioner can no more supply his technical medical service than he can make his own penicillin

After the pulse survey has been completed and you, the patient, are quite well you will report to your family doctor and if you are wise, you will heed the advice of the diagnosticians to consult your doctor at regular intervals

This will assure you of your continued freedom from

any food-allergic manifestation, especially a tendency toward high blood pressure, which may be a danger signal that you have become careless, or that a minor allergen such as house-dust may be emerging, and must be avoided.

You will have found the way to good health, and you will have found it with your own finger-tips!

17

Footnote on Professional Acceptance

The original purpose of this book was to report to non medical readers a new and rather revolutionary concept of disease It is a concept which has been slowly developing through the past 20 years and which still lacks recognition by the medical authorities

Many of the details are matters of common knowledge and of general acceptance as allergic phenomena but there are a number of reputedly incurable' ailments whose allergic nature as *suggested* in this book will not be accepted by at least some medical specialists on the *preliminary evidence* presented here

A highly respected medical scientist advised me that these two groups of disease be physically separated in this book thus in effect emphasizing the resistance of organized medicine to the proposed radical extension of the allergy concept

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ance of medical authority to the extension of this con cept of allergy is illustrated in the instance of that most common malady, headache As long ago as 1927 the eminent allergist Warren T Vaughan reported his original investigation of migraine headache in which he brought convincing evidence of its allergic nature

In 1944 another distinguished allergist, Herbert J Rinkel in a review of the literature on migraine since Vaughan's report found that 87 per cent of the papers either actively supported the allergic concept or gave approval to its possible relationship Yet formal reviews concerning headaches have been published in recent years that have not even mentioned the possibility of an allergic nature

Such a review was printed in an outstanding medical journal which later rejected my own report of 53 con secutive cases of headache of all degrees relieved by simple avoidance of pulse speeding foods and tobacco The reason given for the rejection was that the results had been obtained with a method which had not been generally approved

The report by Dr Milo G Meyer of Michigan City, Indiana Dr Alan Johnston of Plainfield Indiana, and me concerning the prompt arrest of disseminated sclerosis in 14 of our 15 cases with anti allergic treat ment and the recurrence of symptoms in some cases on re-exposure to the identified allergens was about to be published in the *Psychiatric Quarterly* a few years ago when an official of the society which collects funds

This suggestion I believe overlooks the fact that 'medical authority' rejects out of hand the very basic proposition that the pulse record can be used as a dependable indicator of your state of health and as a means of identifying the specific causes of ill health

Some medical 'authorities' in institutions have refused to permit a controlled harmless demonstration of the main principles of idioblaptic disease in patients under their control although individual doctors have successfully applied those principles in themselves and in some of their more co operative patients

There seems to be no reasonable compromise of the medical principle that after a group of common ailments like headache indigestion constipation eczema abnormal tiredness and urticaria have been proved to be manifestations of a constitutional hereditary allergy to foods and other substances which affect the pulse rate then any other chronic ailment (even if it is rated as incurable) must reasonably be *suspected* of the same allergic nature if in a single case it disappears after avoidance of all substances that affect the pulse rate

And if properly controlled future exposures to the pulse accelerating substances cause a recurrence of the incurable' ailment such an observation constitutes *proof* of the allergic nature of that ailment *in that case* In such an event it would be in the words of Professor Hill sheer madness not to apply the pulse method to other victims of the ailment

The very real and discouraging problem of the resist

ance of medical authority to the extension of this con cept of allergy is illustrated in the instance of that most common malady headache As long ago as 1927 the eminent allergist Warren T Vaughan reported his original investigation of migraine headache in which he brought convincing evidence of its allergic nature

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for research in disseminated sclerosis circularized its medical board, warning them that in the *opinion* of a younger member, the pulse-dietary procedure used by us 'lacked merit'.

It seems probable that science editors who inquired about the report at the office of that society received the same authoritatively unfavourable advice In any case, no victim of that hopeless affliction has been referred to me by any member of that society for the completely harmless pulse tests

History teaches that a revolutionary idea is apt to find its most difficult resistance in a static ignorance ensconced in the seats of *power* And it is there that outmoded opinions and practices with majority support are conscientiously maintained till nature vacates the seats and progress resumes its march

It seems impossible to cover up the situation that has just been outlined, and it is the writer's hope and expectation that the discussion of it may not add resentment to the rather general scepticism toward the novel idea of disease prevention

Those doctors of all ages who are themselves subjects of serious chronic ailments may be stimulated by this book to apply the diagnostic method in themselves The more open minded and determined among these will succeed, and in so doing will become the convinced leaders of the new 'preventive medicine'